DOCUMENT RESUME

ED 429 669 PS 027 311

AUTHOR	Lalley, Jacqueline, Ed.; Ahsan, Nilofer, Ed.
TITLE	Family Support Evaluation.
INSTITUTION	Family Resource Coalition, Chicago, IL.; National Resource Center for Family Centered Practice, Iowa City, IA.
SPONS AGENCY	Administration for Children, Youth and Families, Washington, DC. Children's Bureau.
REPORT NO	90-CW-1084-01
PUB DATE	1998-00-00
NOTE	37p.
AVAILABLE FROM	Family Resource Coalition of America, 20 North Wacker Drive, Suite 1100, Chicago, IL 60606; Tel: 312-338-0900; Fax: 312-338-1522; Web site: http://www.frca.org; e-mail: frca@frca.org
PUB TYPE	Collected Works - Serials (022)
JOURNAL CIT	Family Resource Coalition of America Report; v16 n4 Win 1998
EDRS PRICE	EDRS Price MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	Children; Early Childhood Education; *Family Programs; Family Relationship; Parent Participation; *Program Evaluation
IDENTIFIERS	*Evaluation Reports; *Family Support; Louisiana (New Orleans); Minnesota; Ohio

ABSTRACT

The Family Resource Coalition of America (FRCA) and the National Resource Center for Family Centered Practice convened a meeting of evaluators, policymakers, and program practitioners to discuss the issue of evaluation in the field of family support. The goal was to bring together those who were implementing programs, evaluating programs, and those asking for information on the impact of programs. This issue of the FRCA Report focuses on the outcomes of that meeting. Following an introduction to current issues in family support evaluation, the journal is comprised of three main sections: (1) using evaluation to work in family support programs; (2) progressive models and theories; and (3) state-level innovations. Article titles include: (1) "A New Focus on Results: Current Issues in Family Support Evaluation"; (2) "Coming Soon: How Are We Doing? A New FRCA Tool for Comprehensive Program Self-Assessment"; (3) "Parent Involvement in Evaluation" (McDonald); (4) "Being a Parent Leader in Program Evaluation" (Payton); (5) "Lessons Learned: Academic Research Meets Grassroots Expertise"; (6) "Lessons Learned: Evaluation in a Family Support Center"; (7) "Residents Call for Evaluation that Serves the Community: St. Thomas/Irish Channel Consortium [New Orleans]"; (8) "The Seven C's of Conducting Evaluation: From the Outside In" (Noboa-Rios); (9) "Theories of Change: A Powerful Approach to Evaluating Family Support Programs" (Connell and Kubisch); (10) "Evaluation That Works for You: A Practical Useful Model from the Field" [Tufts University]" (Kapuscik and Jacobs); (11) "Highlights from the Harvard Family Research Project" (Schilder); (12) "Best Evaluation of the Year: How [Minnesota's] Early Childhood Family Education Measured Low-Income Family Outcomes" (Cooke); and (13) "State-Funded Programs in Ohio Work Together to Evaluate Success" (Hecht). Also included are a glossary of evaluation terms, directory of evaluators, and a resource file. (LBT)

ED 429 669

WINTER 1998 Volume 6 Number 4

FAMILY SUPPORT EVA

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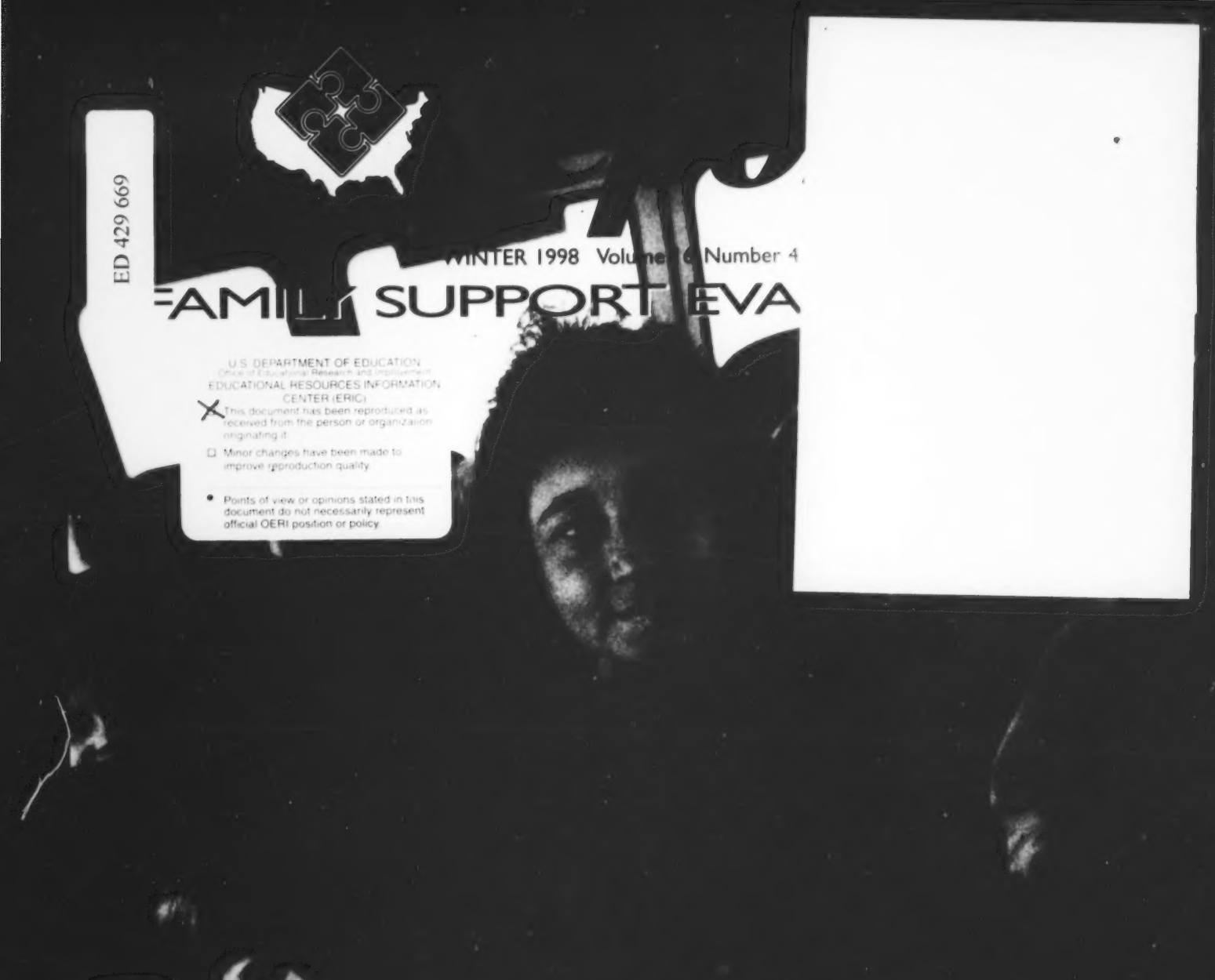

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Acknowledgments

The Family Resource Coalition of America wishes to thank all who helped make it possible to provide a new resource on evaluation and family support, a topic that is receiving much attention from within the family support movement and beyond. This important issue of FRCA *Report* is the product of collaboration among a broad group of members of the family support field. Thanks first and foremost to the programs and program participants who contributed their valuable time and energy to writing and being interviewed for articles. Their experiences with evaluation will be of great assistance to others attempting to incorporate evaluation into their efforts to strengthen and support families. Many thanks also to the evaluators, academics, policymakers, and others shared their expertise by contributing and reviewing articles in this issue.

This *Report* was produced in part by the National Resource Center for Family Centered Practice, funded by the U.S. Department of Health and Human Services, Administration on Children, Youth, and Families, Children's Bureau—cooperative agreement number 90-CW-1084/01 under contract with the University of Iowa School of Social Work. The contents of this publication do not necessarily reflect the views or policies of the funders, nor does the mention of trade names, commercial products, or organizations imply endorsement by the U.S. Department of Health and Human Services.

Preparation of this issue of FRCA *Report* also was assisted by a grant from the Robert Wood Johnson Foundation (Princeton, New Jersey), sponsor of the STATES (State Technical Assistance and Training for Effective Systems) Initiative of FRCA.

Cover Photo

Tennie Grubb volunteers as a monitor on the bus taking Head Start students, including her son, home in rural Kentucky. The Head Start program is affiliated with Goose Rock Family Resource Center, part of a statewide system of family resource and youth services centers that was established by the Kentucky Education Reform Act of 1990 to reduce barriers to learning through school-based family support and parental involvement initiatives.

Evaluation of the centers takes place both annually and on an ongoing basis, using data collected by the centers and shared via a new computerized system. State agency staff also visit the centers to review work plans and budgets and to interview students, parents, members of the Local Advisory Councils, service providers, and school staff; they discuss their findings with center coordinators to assess strengths, challenges, and needs for technical assistance.

This photo and others are part of a nationwide photo exhibit tour and public education campaign, Pursuing the Dream: What Helps Children and Their Families Succeed. The campaign includes a photo book that shows community-based programs in action, and is a collaboration among FRCA, award-winning photographer Stephen Shames, and Aperture Foundation. For information on how to get involved or bring the exhibit to your community, contact FRCA.

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FRCA *REPORT*

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Family Resource Coalition of America is a membership, consulting, and advocacy organization that has been advancing the movement to strengthen and support families since 1981. The family support movement and FRCA seek to strengthen and empower families and communities so that they can foster the optimal development of children, youth, and adult family members. FRCA builds networks, produces resources, advocates for public policy, provides consulting services, and gathers knowledge to help the family support movement grow. For information or to become a member, contact FRCA at 20 N. Wacker Drive, Suite 1100, Chicago, IL 60606, 312/338-0900, 312/338-1522 (fax).

The opinions expressed in the FRCA *Report* are those of the authors; the *Report* strives to include a variety of perspectives from the family support field.

The FRCA *Report* is published quarterly in the public interest by the Family Resource Coalition of America, a tax-exempt, nonprofit organization. Membership in the Coalition includes a subscription to the FRCA *Report*. Readers are encouraged to copy and share its content; we ask you to credit the Family Resource Coalition of America as the original source of information.

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Letters to the Editor

Dear FRCA,

I am a member of FRCA. Before I state my inquiry, I would like to commend the Coalition for producing a most informative and interesting report on family support and community economic development (Fall 1997, Vol. 16, No. 3). The profiles of innovative work in the bridging of these two areas has inspired some ideas for my work here at Aloha United Way. Kudos to your publications staff!

Here's my question: Could you refer me to any available assessment scales, inventory of behavioral indicators, and other tools which family support practitioners use to determine family strengths?

Family strengthening has been a funding priority here at Aloha United Way for several years. Now, with the emphasis on outcomes-based funding, there is a need to become more knowledgeable about the indices which reflect strengthened families. I am interested in assets-based indicators and would appreciate your assistance in pointing me to some resources.

Aloha,
Shelley Ng
Allocations & Agency Relations
Aloha United Way

Several excellent resources on assessment are available from FRCA at 312/338-0900, including Enabling and Empowering Families: Principles and Guidelines for Practice, *by Carl Dunst, Carol Trivette, and Angela Deal, published by Brookline Books. It recommends and presents a strengths-based approach to assessment, including instruments to measure family strengths.*

In addition, FRCA is working with several states to develop "promotional indicators"—strengths-based indicators of well-being in children, youth, families, and communities. We will publish information on these in the future, and would be happy to share findings with you in the interim.

Dear FRCA *Report:*

Thank your for your article, "Homan Square: Community Building in Action on Chicago's West Side" (Vol. 16, No. 3). We are proud of our partnership with Homan Square and were pleased to see it featured in *Report*.

I would like to point out one correction . . . Family Focus has five (not three) centers in the Chicago area: Lawndale, housed in the Homan Square complex; Nuestra Familia, serving Chicago's West Town community; Our Place, serving the Evanston community; District 65 Family Focus, a partnership with the Evanston/Skokie school district; and our Family Resource Center in Aurora.

The Homan Square project illustrates how collaboration among businesses and community agencies can help to strengthen families, and in turn, communities. Thanks to this project, North Lawndale residents will enjoy the fruits of community development: affordable housing, health care services, family support services, shopping, and entertainment, all conveniently located within their community. Again, thank you for your article on this important effort.

Yours for children,
Barbara J. Bates
Executive Director
Family Focus

FRCA places a tremendous amount of value upon the important work that your organization does at all five of its locations. We apologize for the error.

Dear FRCA *Report,*

I met FRCA staff members Julia DeLapp and Nilofer Ahsan in Las Vegas,where they were conducting a workshop on networking, peer review and outcome measurements for Family Resource Centers.

I look forward to each issue of *Connection* and the FRCA *Report*. I receive valuable information about programs in other parts of the country and get some good ideas about ways to improve services to Nevada families. I have taken notes on specific programs and I hope to meet some of the people I've read about in the pages of your publications at the [FRCA national] conference at the end of April.

It's nice to know that some of the same frustrations, accomplishments and challenges exist throughout the country and we are not alone. Thanks for publishing such useful information.

Toby Hyman
Nevada Statewide Coordinator
Family Resource Centers

Calling All FRCA *Report* Readers

Have your letter published and get three months added free to your membership in the Family Resource Coalition of America! We want to know what you think of the quarterly journal serving the nation's family support movement. What are your favorite features? What would you like to see more of? E-mail your letters to the FRCA *Report* editor: jackie.lalley@frca.org, or send them to FRCA, 20 N. Wacker Drive, Suite 1100, Chicago, IL 60604, 312/338-1522 (fax).

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About This Issue

Last fall the Family Resource Coalition of America and the National Resource Center for Family Centered Practice convened a national meeting of evaluators, policymakers, and program practitioners to discuss the issue of evaluation in the field of family support. The goal was modest: to bring together those implementing programs, those evaluating programs, and those asking for information on the impact of programs.

Background of the Meeting

Family support has grown a great deal since 15 years ago, when it consisted of small, grassroots projects supported with scanty budgets pieced together from various sources and operating at the community level. At all levels of government and all across the country, policymakers, practitioners, and representatives of state agencies are turning to family support as a part of the solution for a broad range of social issues.

The Call for a National Evaluation Dialogue

While the growing interest in and financial support for family support has unleashed creative energy for program development and produced an expansion of services, it has also created tension within the field around issues of self-definition, and heightened anxiety in response to increasing pressure for accountability stimulated by increasing scrutiny of family support from those outside of the field. The national meeting on evaluation was intended to help us re-examine and redefine the focus of our work by:

- Creating a forum in which the evaluation, advocacy, policy-making and practice communities could obtain a better understanding of what each group's concerns, interests, and perspectives were regarding the state of evaluation for family support
- Beginning a conversation among knowledgeable people from each of the above communities about what is really known about the effects and impact of family support
- Constructing an initial agenda and work plan for helping build the knowledge base for family support

The sessions were designed to facilitate discussion among participants and to produce some concrete feedback regarding evaluation. Participants were asked to engage in a series of semi-structured activities, including:

- Identifying the questions the family support field needs to ask and answer around evaluation
- Responding to a series of statements regarding the impact of family support programs
- Discussing the needs of various populations—including families, practitioners, and policymakers—for information on evaluation
- Identifying next steps for the field in the area of evaluation

In addition to these semi-structured activities, a considerable amount of informal dialogue took place among participants debating various issues.

Participant Recommendations

During the meeting, groups of attendees were asked to brainstorm what some of the next steps would be to help the field address the issue of evaluation. Participants recommended the following action steps for the field:

- Agree on what we already know about the effectiveness of family support programs.
- Identify common outcomes that family support programs should strive for, including intermediate outcomes and indicators.
- Compile a list of existing models of evaluation.
- Make a list of indicators of child and family well-being and ask programs to add to or subtract from the list based on their experiences.
- Develop a common language between practitioners and evaluators and clarify definitions.
- Revise evaluation methods to be more applicable to family support:
  1. Create a true partnership among evaluators, practitioners, and families (have evaluators "live" in the program for a while and become part of the team as the program is designed and implemented)
  2. Develop flexible evaluation methods
  3. Provide on-going evaluation that is part of a developmental process
  4. Develop long-term relationships between programs and evaluators
  5. Build the capacity of others to evaluate
  6. Ensure that evaluations are accountable to programs and families
- Put together a package to help states as they begin to mandate evaluation. The package should focus on internal program improvement and program design, and should include mechanisms for interactive evaluation and self-evaluation.
- Create a technical assistance evaluation bank of evaluators, tools, and methods that is available to small local programs.
- Spread the technology of and the capacity to do evaluation throughout communities.

Participants also recommended the following activities for FRCA to undertake in order to help the field move forward on evaluation issues. Some of the steps already taken are noted:

- Publish an issue of FRCA *Report* on evaluation in winter 1997–1998 that includes articles on evaluation strategies at state and local levels.

This is that issue of FRCA Report. *Let us know how you like it by sending a letter to the editor (see page 4).*

- Maintain a directory of evaluators with expertise in evaluating family support programs and initiatives.

See the back of this issue for a partial list of our directory.

- Continue to serve as a mechanism for bringing together the ideas and experiences of evaluators, practitioners, policymakers, and parents with regard to evaluation issues.

The FRCA national conference April 29–May 20 in Chicago will bring thousands of family support advocates together in numerous workshops, seminars, and other events to meet this need. Call the conference hotline, 888/309-9919 to register.

- Publish what is known about family support.

FRCA publishes and sells many resources that share the lessons of family support programs, including Guidelines for Family Support Programs. Contact FRCA for a full publications catalog.

- Hire an evaluation specialist who is responsible for collecting and disseminat-

ing information on evaluation methods and helping programs build support for successful evaluations.

As part of its effort to meet the growing needs of the family support field, FRCA has increased its capacity to provide technical assistance, and is in the process of adding evaluation expertise to its technical assistance repertoire.

The National Resource Center for Family Centered Practice also pledged to continue its efforts to help move the field forward on evaluation issues by: convening sessions of evaluators and other relevant groups of professionals to analyze specific issues and establish concrete work plans to accomplish evaluation related tasks; distilling and disseminating what is known about family-centered practice; promoting knowledge development that can help inform policy, program, and practice activities; and assisting line and management staff in family-centered programs to meaningfully contribute to evaluation efforts.

What Was Learned

The national meeting on evaluation served to reinforce what in many ways was already known. There is not a lot of consensus about what is known regarding the impact of family support. There are many more questions than answers when it comes to evaluation and family support. At the same time, there is research and evaluation literature which is potentially relevant to family support, but the specific connections and relationships between established knowledge and its application to and implications for family support have not yet been determined. The limited evaluation that has been conducted on family support programs to date presents mixed results and appears unable to persuade, much less convince, many academics and policymakers of the impact of family support activities.

Serious stumbling blocks remain. There is a concern among advocates and practitioners that the orientation and tools of traditional evaluative research are ill-suited for the task of assessing the comprehensiveness, flexibility and responsiveness which characterize family support programs. The challenge of identifying more appropriate approaches and techniques looms large.

Consequently, the family support field has a responsibility to place evaluation at the top of its development agenda. Attendees at the meeting agreed that the family support field must place a premium on figuring out what interventions lead to what kinds of results. Effective strategies need to be thoroughly understood so that the core elements of effectiveness can be extracted and imparted to others. Ineffective interventions also need to be identified so lessons can be learned and mistakes not repeated.

The meeting also made clear that additional opportunities for information exchange need to be held. Ongoing communication among the different sets of players interested in family support evaluation is vital to teasing out issues and concerns which will move the evaluation agenda forward. Specific discreet activities also need to be conducted. For example, suitably trained individuals need to conduct meta-analyses of the program evaluation findings from service areas related to family support. These learnings then can help to inform the family support field.

The meeting served as a focal point for bringing together a group of esteemed professionals, and asking them to assess the role and relationship of program evaluation and research to family support. The results should help the NRC/FCP and FRCA produce a work plan which will guide Resource Center and FRCA activities over the course of the upcoming year.

Conclusion

This first national meeting on evaluation marks the beginning of a vigorous and rich dialogue between groups of people who care deeply about family support as a set of principles for work and who want to see societal change and measurable results. Varied as the perspectives were, all participants were committed to working across multidisciplinary lines to seek innovative and new ways of moving toward results.

Lisbeth Schorr speaks to the "Ceiling on Scale" in her book *Common Purpose*: "We saw the beginning of what I have come to think of as a Ceiling on Scale—made up of a series of elaborate rationalizations that keep us from acting on the implications of what we learn from pilots and demonstrations. . . . We deluded ourselves into thinking we didn't know enough, when what actually has kept us from going to scale was an unwillingness to invest the necessary resources or a reluctance to disturb the status quo. We celebrated innovations and ignored their lack of impact on the big systems where the big money was."
Family support is an innovation now almost 30 years old, which can impact the big systems. Replication, therefore, is an area which must be put on the table for examination. Modeling and benchmarking have been long understood and applied in the world of business. Schorr points out that there are five specific fears in the minds of those who resist an outcomes based approach to evaluation and accountability:

1. Fear that programs may be distorted by rapid payoffs instead of what really needs to be done
2. Fear that programs, even effective ones, will seem to accomplish less than they actually do
3. Fear that complex interactive strategies, which are the most promising, are hard to evaluate. Responsibility for both progress and failure cannot be accurately ascribed when one recognizes that no one agency acting alone can achieve significant outcomes.
4. Fear that the determinants of outcomes are outside the control of those being held accountable
5. Fear that outcomes accountability could become a screen behind which protections for the vulnerable are destroyed

Schorr recommends a human intervention mapping project to chart the links among interventions, interim milestones, and long-term outcomes. She states, "The greatest single obstacle to realizing the benefits of shifting to results-based accountability is the lack of reliable information about the connections among interventions, interim milestones, and long-term outcomes. Indicators should not have to be produced individually and ad hoc by every local agency or institution, community coalition, or neighborhood transformation initiative."

The national meeting on evaluation was the beginning of making the necessary connections between stakeholders and those who evaluate, research, and measure. Perhaps it can serve as an initial response to the call for a national mapping project that Schorr raises.

For more information on evaluation activities to take place at the FRCA national conference April 29–May 2 in Chicago, call the conference hotline at 888/309-9919.

A New Focus on Results

Current Issues in Family Support Evaluation

by Lisbeth Schorr

The nation's ability to know whether programs, policies, and tax dollars are achieving their intended purpose is in the midst of a revolution.

Accountability is no longer the sole domain of auditors. The focus is shifting. What counts is no longer confined to whether rules are being complied with. Instead, accountability procedures are beginning to reflect common sense: what matters is whether public purposes are being accomplished.

For a long time, the main thing anyone could know about publicly financed programs was how much money they were spending and whether the people who staffed them were complying with the rules. We had no way of knowing whether they were achieving their intended purposes.

"What is the bottom line when there is no 'bottom line'?" asks Peter Drucker about the public sector. If profits are not the measure of value, what is? How are we to differentiate what works from what doesn't?

Much of the current debate about whether anything works and whether government does anything right is ideological. But that does not diminish the need for rigor in distinguishing between actual success and failure in achieving public purposes. Most legislators want to know what works when they vote on laws and appropriations; parents want to know how well their children are being educated; foundations want to know about the impact of their support; and the staff of social programs want to know how effective they are.

Taxpayers, having given up on compassion, demand to know whether public funds are accomplishing what their proponents promise.

As a result, improving the ability to judge the success of agencies and programs in achieving agreed-upon outcomes is becoming a major reform strategy, both in efforts to strengthen children, families, and communities and in efforts to restore confidence in our public institutions—from schools to initiatives to rebuild neighborhoods.

The new attention to results signals a profound shift, because it moves us beyond technocratic concerns with procedural protections to focus on the purpose of what we choose to pursue. If we as a nation are serious about efforts to strengthen children, families, and depleted neighborhoods, we must know the outcomes we're after and we must be continually able to monitor progress—and face up to failures as well.

The way it used to be. Until recently, anyone who wanted to know whether tax or philanthropic dollars were being spent to good purpose was offered one of three unsatisfactory responses: The most traditional response was to assume that what mattered were processes and resources. The family service agency was doing its job if its budget was increasing, if its monthly parent education sessions were well attended and supervised by a certified social worker, and if the paperwork documented that eligibility had been properly determined and that the services billed for had been rendered.

Legislators want to know what works when they vote on laws and appropriations; parents want to know how well their children are being educated; foundations want to know about the impact of their support; and program staff want to know how effective they are.

A second, more recent response has been to say that if your really want to know what's working, you have to privatize the function and let the marketplace become the judge of effectiveness. ("Shift the burden of evaluation from the shoulders of professional evaluators to the shoulders of clients, and let them vote with their feet," advises UCLA professor James Q. Wilson.)

In a third possible response, providers of health, education, and social services say, "Trust us. What we do is so valuable, so complex, so hard to document, so hard to judge, and we are so well mentioned, that the public should support us without demanding evidence of effectiveness. Don't let the bean counters who know the cost of everything and the value of nothing obstruct our valiant efforts to get the world's work done."

Since the mid-1980's, a fourth answer has emerged: accountability or results.

We have already seen that effective programs have clear missions, usually defined by the outcomes they are pursuing. The momentum with which results-based accountability is now moving, from offbeat programs to mainstream systems, reflects a growing belief that public support for social investments depends on legislators, citizens, and communities being able to hold the providers of services, supports, and education accountable for achieving the results that citizens value. Results-based accountability is also emerging as the key to freeing human services from a straitjacket of rigid rules and centralized micromanagement. And it focuses attention on whether the magnitude of investments matches the tasks to be accomplished.

Outcomes-based accountability can solve several problems:

- The public wants proof of results.
- Outcomes accountability can free human service programs from rigid regulation.
- Information about outcomes enables communities to be more deliberate in support of shared purposes.
- An outcomes orientation illuminates whether investments are adequate to achieve expected results.

[But] critics of the push toward outcomes accountability range from skeptical to appalled. Commenting on pressures to incorporate outcomes accountability in early childhood programs, Sue Bredekamp of the National Association for the Education of Young Children says it is but "one more opportunity and justification to 'blame the victims,' because the children who are in greatest need of services demonstrate the poorest outcomes."

Skeptics see the willingness of service providers to be held accountable for

achieving specified outcomes as a Faustain bargain—even when they agree that a shift toward outcomes accountability might solve serious problems. They believe that in their eagerness to obtain more funding and to escape over-regulation, human service unwitting tools in the wars against all public sector activities grounded in morality and social justice.

Criticisms of Outcomes Accountability

Those who resist the push to outcomes accountability have at least five specific fears.

First, they fear that programs may be distorted. Knowing that what gets measured gets done, they fear that what will get done will be what is most easily measured and has the most rapid payoff rather than what's really important. They point out that most communities have aspirations for their children that greatly exceed currently measurable results, especially when funders demand quick evidence of success. They worry that community health clinics will raise immunization rates at the cost of cutting support for chronically ill children, that preschool programs will deprive children of the opportunities for play that stimulate creativity and teach empathy in order to reserve more time for the flash cards whose mastery shows up on "school readiness" tests.

Second, they fear that even effective programs will seem to accomplish less than they actually do. Will an inner-city consortium that was funded to improve employability of youngsters coming out of high school be judged a failure if they don't get jobs as quickly as the funders had hoped? Will the consortium be held responsible for achieving citywide improvements in outcomes even though they were able to work with only 150 youngsters and their families—and the local GM plant just closed?

This fear is compounded by the possibility that outcomes-based accountability will soon lead to such hard-edged consequences as outcomes- based budgeting. An outcomes orientation may be promoted initially to serve such benign functions as creating pressures for reform and sharpening the focus of managers and practitioners on accomplishing their missions rather than preserving their turf. But outcomes can be used in the actual allocation of funding. Will a program or agency be shut down because it could not provide evidence of its contribution to achieving agreed outcomes, or will it be helped to improve its intervention?

Third, they fear that in the complex, interactive strategies that are the most promising, responsibility for both progress and failure cannot be accurately ascribed. No one agency, acting alone, can achieve the most significant outcomes. If raising the number and proportion of children ready for school at the time of school entry depends on the effective contributions of the health system, family support centers, high-quality child care, nutrition programs, and Head Start, as well as on community-wide and informal supports to families, will agency accountability be weakened as attention shifts to communitywide accountability efforts? How are individual agencies to be held accountable for outcomes over which no single agency has control?

Results-based accountability focuses attention on whether the magnitude of investments matches the tasks to be accomplished.

Fourth, they fear that determinants of outcomes are often outside the control of those being held accountable. If the avoidance of school-age childbearing is significantly affected by the prospect of good jobs at decent wages (as indeed it is, at least in the most depleted communities), how can youth workers and family planning clinics be held accountable for achieving this desirable outcome when they have no control over the community's employment prospects?

Fifth, they fear that outcomes accountability could become a screen behind which protections for the vulnerable are destroyed. Especially in an antiregulation era, rock-bottom safeguards against fraud, abuse, poor services, and discrimination based on race, gender, disability, or ethnic background could be demolished. The new outcomes orientation could lead to abandonment of the input and process regulations that now restrict the arbitrary exercise of frontline discretion by powerful institutions against the interests of powerless clients.

Minimizing the Dangers and Maximizing the Benefits of an Outcomes Focus

Every one of the fears I have described is legitimate, and must inform the movement toward greater reliance on outcomes. The process of choosing and applying outcome measures and of identifying reliable interim milestones must be done carefully and thoughtfully, involve all stakeholders, and draw on the time, skills, and resources to do this job at the highest level of competence.

Choosing the Right Outcomes

The initial challenge is to get everyone who has a stake, including skeptics, to agree on a set of outcomes considered important, achievable, and measurable. When all concerned actually agree on outcomes they consider important, the outcomes become the constants, making possible experimentation and even disagreement about means: whether parents helping children with their school work is a more effective form of parent involvement in their children's education than parents participating in governance or as classroom aides; what kinds of police-neighborhood partnerships are most likely to bring safe streets. By being fixed on the ends, it is possible to stay flexible on the means.

Complicating the process of choosing outcomes is our lack of experience in this country in thinking together about the substance of what we are really after. We are much more comfortable agreeing on procedural protections than substantive goals.

We have long been more opportunistic than deliberate about measuring success. We reach for what is easiest to measure rather than what accurately reflects a program's purpose. Thus the Westinghouse Learning Corporation, under a government contract in 1969 to assess the effects of the earliest years of Head Start, measured only changes in the IQ of participating children—this although IQ is one of the least malleable of human characteristics and although Head Start had other aims from the outset: improving health, nutrition, social skills, and school readiness of participating children, empowering their families, and strengthening their communities.

Some thirty years later, IQ remains the outcome most frequently assessed in early childhood programs because it is such a handy measure. Even today there is talk of evaluating family support programs on the basis of their effect on the IQ of participating children.

Rigorous thinking about purposes and results means asking anew what is worth doing and to what end. The outcomes most amenable to agreement are those on which judgements are least subjective and where most people agree on the desirable direction of change—even if they do not agree on what they would give up to achieve such change, how to achieve it, or which outcomes are most important.

The outcomes conversation means becoming explicit about everything, including multiple, even conflicting goals. Disciplined thinking about results means acknowledging that while the greatest impact of Head Start may be on rates of school readiness, it also provides jobs to local residents, frees Head Start parents t pursue training or employment, and decreases their social isolation.

Having observed many recent efforts to agree on outcome measures in a wide variety of settings, I have become convinced that it helps when participants start with the following premises: Goals may be more ambitious than measurable outcomes; outcomes selected for accountability purposes should be easy to understand and persuasive to skeptics; outcomes selected for accountability purposes should clearly reflect the purposes to be achieved; outcome measures should be distinguished from process measures; and sometimes it will be important to incorporate outcomes in a broader accountability context.

Ambitious Goals and Measurable Outcomes

When communities, parents, practitioners, policy makers, and advocates are asked about their goals for their children, they talk about wanting all children to grow up in loving, nurturing, and protective families, to be connected to those around them, and to achieve their personal, social, and vocational potentials. They want youngsters to feel safe, to have a sense of self-worth, a sense of mastery, a sense of belonging, a sense of personal efficacy, to be socially, academically, and culturally competent, and to have the skills needed for productive employment.

Goals such as these can become a framework within which outcome measures can be selected for accountability purposes, with the understanding that only some aspects of these goals can currently be measured with available data and with outcome measures around which it is possible to gain broad agreement. Goals and outcome measures serve different purposes: Goals represent what the community is striving for. Outcome measures represent what the community will be held accountable for—by public and private funders and perhaps by higher levels of government. The goals can be general, but the outcome measures must be so specific, the public stake in their attainment so clear, and their reliability so well established that the community would ultimately be willing to see them influence resource allocation decisions.

Those who resist the push to outcomes accountability have at least five specific fears. Every one of these is legitimate, and must inform the movement toward greater reliance on outcomes.

Outcomes That are Easy to Understand and Persuasive to Skeptics

Outcome measures must be consistent with common sense and compelling not only to experts and not only to those who already support the program.

Efforts to agree on school achievement standards, which we examine at greater length in Chapter 8, were briefly discredited when a few proponents overreached and failed to distinguish between what parents wanted for their children and what they could hold their schools, teachers, and children accountable for.

State bodies proposed draft standards that included such items as "All students understand and appreciate their worth as unique and capable individuals and exhibit self-esteem; all students act through a desire to succeed rather than a fear of failure while recognizing that failure is a part of everyone's experiences." From the perspective of many parents, these might have been reasonable hopes for agreed on as the measurable objectives that schools would be held accountable for.

One clear lesson of the education experience is that, in the outcomes selection process, it is lethal to ignore the distinctions between outcomes persuasive only to supporters and those also persuasive to skeptics.

Outcomes that authentically reflect the purposes to be achieved. There is no disputing that, for better or worse, what gets measured has a great effect on what gets done. In one way or another, teachers teach to the test, just as social workers pay attention to what the auditors count. So the trick is to devise measures that come as close as possible to reflecting authentically what ought to get done. If you want children to learn to reason in math, you go beyond multiplication tables in assessing their performance. If you want children with defective eyesight to be treated, you don't measure the number of vision screenings that took place, but the number of untreated vision defects that remain.

In efforts to select the right outcomes, no one should be under the illusion that any one set of outcomes or outcome measures will be perfect. They will have to be refined always, sometimes renegotiated, and evolve continuously.

Distinguishing Between Outcomes and Process

The failure to distinguish between process measures describing what is going on and outcome measures describing what is being accomplished results in what David Osborne calls "process creep." When process creep occurs, means and ends become confused and the focus on what actually happens to people participating in new neighborhood coalition may be the product of a great deal of effort but is not evidence of progress toward stipulated outcomes unless there is good reason to link the activity to desired outcomes.

The confusion about process measures is not only conceptual but political. There is a constant temptation to fall back on process measures as evidence of progress, even when there is no basis for linking them to outcomes. Process measures so often become substitutes for outcome measures because they provide comforting evidence

of activity—they demonstrate that something is happening.

Typically, both funders and program people contribute to process creep. It happens in the early stages of implementation, when everyone involved suddenly becomes afraid that hopes for the project may not be realized. It also happens when funders encounter hostility to outcome accountability from grantees, who fear that outcome measurement will not do justice to their underfunded intervention.

In responding to these fears, funders often find it easier to move or remove the goalposts than to strengthen the players. The typical forget-about-the-goalposts conversation takes place a few months into the implementation phase. The funder says to the grantee: "We gave you the grant in the hope that you would reduce teenage pregnancy and youth violence in this community, and now you say that was really an unrealistic expectation? You may be right. But we do need some hard evidence that our grant is making some sort of difference, so let's get an evaluator to design a survey that will show how many youngsters come to your meetings and classes, or whether you have increased the number of teenagers who think it's a bad idea to become sexually active and carry a gun when they're younger than fifteen."

While it defeats the purpose to substitute process measures for outcome measures, process measures will continue to be important in an outcomes-oriented world to guard against fraud, corruption, and inequities or discrimination based on race, gender, disability, or ethnic background. Procedural protections will have to be maintained and monitored wherever there is no other way to restrict the trained and monitored wherever there is no other way to restrict the arbitrary exercise of front-line discretion by powerful institutions against the interests of powerless clients. Existing process measures will continue to play a role in holding agencies, communities, and systems accountable, especially during the period of transition, because the present capacity to use outcome measures to judge program effectiveness is still primitive, and because it takes so long for outcomes to improve in response to even the most effective interventions. As more information becomes available about the interim measures that predict long-term success, it will be possible to rely increasingly on outcome measures.

Process measures are also essential to understanding whether a program or intervention has actually been implemented according to plan. (For example, is the family support center in operation for the number of hours its funders expect? Is it being utilized by the expected number of families? Does the home visiting program reach the expected proportion of high-risk families?)

Even at its best, outcomes-based accountability may not always capture the full effects of some excellent interventions.

Outcomes in a Broader Accountability Context

Even at its best, outcomes-based accountability may not always capture the full effects of some excellent interventions.

Someone who has struggled mightily to develop new ways to maintain public accountability while protecting the fragile aspects of the best of interventions is educator Deborah Meier, whom we met in the last chapter in connection with the debureaucratization efforts of the New York Networks for School Renewal. She and her colleagues have been trying to devise mechanisms of public accountability that put a strong emphasis on outcomes but would also incorporate other ways of knowing what works. She calls for an accountability system based on "the responsible exercise of collective human judgment," in which all the participants—parents, assessors, legislators, and the public—would have access to a shared body of credible outcomes information, including actual student work as well as statistical data, upon which to build their judgments. The new forms of accountability she would add to "pure" outcomes accountability would include peers who could examine each other's work. For high schools, for example, accountability processes would include judgments of external committees composed of college faculty, parents, community members, other high school teachers, and networks of sister schools. They would include formal review panels composed of critical friends and more distanced and skeptical publics, demanding convincing evidence that the institution or program under review was on the right track and acting responsibly.

Multifaceted accountability systems of this kind are now under development in a variety of settings. Leaders of these efforts hope to show that it is possible to protect both the public interest in results-based accountability and the activities that will always be hard to measure. But even this more complicated and nuanced approach to accountability relies on shared goals.

Note

This article excerpted with permission from Schorr, L.B. (1997). *Common purpose: Strengthening families and neighborhoods to rebuild America*. New York: Doubleday. (15 - 27. Available from FRCA, 312-338-0900.

11

Research from the Outside In

Seven Lessons from the Field

by Abdín Noboa-Ríos

As researchers and evaluators, we have all confronted, at one time or another, the challenge of conducting research as external evaluators of programs and services being provided in a city other than our own. While the ideal is that researchers from the local community be hired, the reality is that there continues to be a paucity of local researchers from many of our inner-city communities, especially those of color, whether African American, Hispanic/Latino, or Asian/ Pacific Islander.

While it is common practice to import a minority researcher from another inner-city community, this does not by itself eliminate the barriers to gaining acceptance from the inside. Any researcher, regardless of his or her ethnic/racial background, is suspect until proven acceptable—often obtaining legitimacy only after completion of the evaluation.

To confront this inevitable challenge, researchers must be able to navigate the seven seas—or "C's"—of community research. We will cover these seven "C's" for the benefit of the novice and as a gentle reminder for the more experienced researcher. Each one represents a set of guidelines developed from experience. To put it algebraically, the formula is: Community Research (CR) = C'.

1. The first "C" is that of *confianza* (trust). Developing trust with the myriad families and community-based organizations is not merely a nice thing to do; it is a necessity for all researchers. Entrée is highly limited unless confianza is present.

Several years back, a group of Latino researchers including this writer was able to obtain easy entry into seemingly impenetrable homes and conduct a much-needed household survey in northern New Jersey. Why? Because we knew the Spanish language and represented the ethnicity of the household. Previous attempts by mail and subsequent household visits by Anglos did not yield anywhere near the same results. While this outcome now seems obvious, it was not foreseen. In this example, researchers had to develop trust in the interview process from the outset. Once obtained, it had to be respected (not abused), accepted (not assumed), and cared for (not taken for granted). To cite another example, in one particular community, we had to spend nearly half our time convincing others that we could be trusted. While this is a costly and time-consuming process, it is also a necessary one.

2. The second "C" is that of *comprehensiveness*. Research and evaluation efforts in our communities must be holistic, that is, multidimensional in approach, multilayered in design, and community-wide in scope. Reliance on a single methodological tool produces distortion and limits the analysis, making it shallow. The "C's" of congruity and complementarity of the instruments and methods utilized, relative to the variables being measured, are other factors to consider. Researchers must ask: "To what extent are the methods employed congruous with the objectives of the research?" and "To what degree do they reinforce each other?"

In Puerto Rico there is a saying that *El que no tiene padrino no se bautiza* ("He who lacks a godfather will never be baptized"). Research must gain its legitimacy from the community, not the other way around. To what degree is the research undertaken and the variables under scrutiny truly related to the program being evaluated? Relevancy is key here. So is an appropriate focus. Let's not forget painful lessons learned from research in which emphasis was not put on the right syl-lá-ble.

3. The third "C" is that of *comfort*. There must be a good working relationship between community leaders and the people running the programs and services being evaluated, as well as consensus between these people and the team about the goals to be achieved and how they will be attained. Otherwise, the community will not buy into the project and cooperation will be limited. The community must be comfortable with the researcher(s) proposed and/or the subcontractors hired.

Major issues that must be addressed are the role the community plays in the research process and how it participates. Is it a willing partner in the research or a passive participant in a process about which it knows little? Does it strongly oppose being researched again? Are the benefits to the community and the evaluators mutual and reciprocal? Is it or is it not expected that the community will gain insight on how to assess itself later? How does the evaluation consider key community questions of "what's in it for us?" Obviously, in looking at families and services provided, the research process cannot be dissociated from questions like these.

4. The fourth "C" is that of being *concerns*-oriented rather than goals-oriented. Although we are not always sure about our goals and objectives, we are certainly clear about the issues that confront us and the needs that we have. Researchers ought to be instinctive problem-solvers, able to focus easily on the tasks at hand. To speak to the community about "goals" and "objectives" without addressing "needs" and "concerns" is fruitless, producing only an academic wish list. Our communities don't think that way, nor do they operate within such a logic. For that matter, if the truth be told, neither do researchers.

5. The fifth "C" is that of being *connected* to the communities we study. We must be in touch with where they are and what makes them tick, as well as being open and receptive to learning what they have to teach us. Appreciating each other, valuing our commonalities, and understanding our differences is, in part, what relationship-building is all about. "Care" is another dimension of connectedness: to try to create a sense of community (or belonging) in the absence of care is absurd. Community relationship-building and enhanced communication breed neighborhood cohesiveness and community strength from within.

As the community is connected to its families and institutions—and to the structures that keep it together—so must researchers be attuned to the programs they analyze. We must be careful regarding the models we construct about the communities we

study and the assumptions we make about what creates community "wellness." It represents more than just a failure to communicate to evaluate programs and services in the community without:

a. Being connected to key community actors and agencies

b. Including basic guidelines toward cultural competence and awareness

c. Utilizing community expertise and applauding the community's participation as a willing partner in the evaluative enterprise. These are failures to create needed learning experiences from the research process itself, especially when the problem lies with the researcher, not the community.

6. The sixth "C" is that of creating a healthy *climate* and opportunity for growth and reform in our communities. If this is ignored, the payoff on what researchers leave behind will be short-lived. Evaluators should suggest options for community change and improvement. The evaluative process should produce indicators, pointers, and road maps for concerted and communal action.

Research should be action-oriented, aimed at program improvement and change. Evaluation results, therefore, should provide a rationale as well as evidence of the need for corporate change. Often, the evaluation is halted when the evaluator leaves. While this is unfortunate, it is too often the practice.

7. The seventh and final "C" is that of *concientización* (conscious awareness). Because community action, regardless of type, has the potential to redistribute power and effect decision-making, it has political ramifications. Evaluation processes are not exempt from this phenomenon, which was labeled *conscientiçaciao* (empowerment) when Paulo Freire used the concept in the late 1960's. Either a community changes itself (is self-determining) or is controlled from the outside and, hence, remains powerless (disenfranchised). The dynamics of evaluation, therefore, create important processes which must be taken seriously and never undertaken in isolation. They can tip the scales of the community's future. From this perspective, evaluation can be a radical undertaking, though not in a subversive manner.

It is the responsibility of community-based organizations to be agents of change and improvement, and an evaluator can assume the responsibility of being a catalyst in this process. Together, they can produce healthy and systemic change. Researchers must be very careful and ever alert. Contrary to academic opinion, evaluation is not an antiseptic, objective process after all.

The Seven C's of Community Research:

Confianza (Trust)
Comprehensiveness
Comfort
Concerns-oriented
Connected
Climate
Concientización (Conscious Awareness)

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Theories of Change

A Powerful Approach to Evaluating Family Support Programs

By James P. Connell and Anne C. Kubisch

Family support programs present enormous evaluation challenges because of their complexity, their multiple outcomes, their flexible and evolving nature, and their need for a wide range of information for continuous learning, impact assessment, and community building. Yet because these programs incorporate into one conceptual framework so many attributes that current poverty alleviation efforts are testing, addressing these evaluation challenges successfully in a family support context has the potential to bear fruit for the evaluation dilemmas facing a broad spectrum of programs and initiatives. This article presents one promising way of doing this.[1]

Defining Theories of Change

In a seminal 1995 paper, Carol Weiss argues that a key reason that community initiatives and other complex programs are so difficult to evaluate is that the "theories of change" that underlie the structures, strategies, and goals of complex programs are poorly articulated.[2] She challenges program designers to be specific about the theories of change and suggests that doing so will improve the overall evaluations plan as well as provide guidelines around specific issues of data collection and analysis. Since the publication of Weiss' paper, the Evaluation Committee of the Roundtable on Comprehensive Community Initiatives for Children and Families has been working to develop the concept of a "theories of change" approach to evaluation and to identify and test its component parts. This approach is probably best thought of as a guiding framework rather than as an evaluation method that stands on its own. Indeed, for information collection, measurement and analysis it relies upon many methodologies that have been refined over the years—quantitative and qualitative, impact and process oriented, and so on. But we suggest that a theory of change is a necessary starting point for the evaluation of any complex program for three critical reasons:

Better initiative design leads to better evaluation design. A theory of change works, first and foremost, to strengthen the design, planning, and implementation of a program or initiative. This, of course, is useful in and of itself for any planned intervention, and especially so for complex initiatives. But a basic premise of this approach is that when a program or initiative is grounded in a strong theory of change, the overall evaluation process will be facilitated and its products more credible and useful.

Pathways of change are critical. A theory of change asks that program planners be as clear as possible about not only the ultimate outcomes they hope to achieve, but also about the avenues by which they expect to achieve those ends. A theory of change, therefore, identifies what evaluators should measure—ultimate and interim outcomes, and the implementation of activities intended to achieve the outcomes—and helps to guide choices about when and how to measure those elements.

Causal attribution is strengthened. Articulating a theory of change up front, and gaining agreement on it by all stakeholders in a program, reduces the problems associated with causal attribution that generally occur in the analysis of information toward the end of a traditional evaluation. If the stakeholders agree at the outset of an intervention that activities a, b, and c, if properly implemented, should lead to outcomes X, Y, and Z, then the stakeholders are agreeing that, if a, b, c, X, Y, and Z all occur more or less as expected, they will accept that the outcomes are due to the intervention. While a theory-based evaluation cannot eliminate all alternative explanations for a particular outcome, the most important players in the initiative agree upon the standard of evidence that will be convincing to them. The fact that this process is accomplished prospectively helps to strengthen its case.

Getting Started

A first step toward using theories of change as a basis for evaluation is to work with stakeholders to bring the logic of the intervention to the surface by focusing on its goals, principles, and operational strategies. The goals of an intervention are its long-term intended effects. For example, the goal of many family support programs is to improve the well-being of children and families in the neighborhood. Its principles are the premises upon which its ability to meet the goals are based. In many community initiatives, the most important principles are program comprehensiveness and community building. Its operational strategies are its means for putting the principles into practice in order to achieve the program's goals.

Experience suggests that the stakeholders in any complex initiative can, and often do, hold different sets of goals, principles, and operational strategies for the initiative. And while it is possible for a program to be launched without the various theories being fully articulated and reconciled, a family support program cannot avoid integrating the theories at the point of evaluation. It is, after all, in the process of designing an evaluation that specific decisions must be taken regarding what is meant by key terms (such as "collaboration" and "community building"), the type and degree of change that is sought, and the measures that would indicate whether that change is occurring. In what ways are different stakeholder theories in harmony, and possibly reinforcing, and in what ways do they imply different activities, timelines, and even different outcomes? The task of addressing these issues will not fall solely to the evaluator, but bringing these issues to the surface might. And the evaluation discussion often serves as the forum within which these issues are played out. The first step, therefore, in the design of an evaluation for a family support or any other complex program is for the stakeholders to co-construct a theory of change that is broadly accepted.

Designing an Evaluation Based on the Theory of Change

In order for an evaluation plan to emerge out of this process, all stakeholders in the program must step up to the challenge of "unpacking" the general theory into more specific sets of early, intermediate, and longer-term outcomes. This unpacking process provides a more detailed picture of how the program's effects will unfold over time. The steps in such a process are:

a. Define the longer-term outcomes that a program seeks to accomplish

b. Ask what interim outcomes are necessary and sufficient to produce these longer-term outcomes

c. Ask what activities should be initiated to achieve the interim outcomes, beginning with the most immediate of these outcomes and proceeding as far as possible toward the later ones

d. Identify and then (re)allocate the resources necessary to implement the sets of activities specified in the theory.

A theories-of-change approach to evaluation depends upon identifying these "micro steps," as Weiss termed them, because the evaluation itself will be based upon systematic accumulation of rigorous tests of the relation between the program's activities and its interim outcomes as they build progressively toward ultimate outcomes.

Long-term outcomes are both relatively easy to identify and relatively easy to gain consensus on. Few people in a program will take issue with long-term goals of reduced infant mortality, higher graduation rates, reduced crime, and higher employment and income levels. Experience from a range of programs and from comprehensive community initiatives shows that for several reasons defining interim outcomes is a more difficult step: the scientific and experiential knowledge base about pathways to longer-term outcomes is at a rudimentary stage in many key domains; some intermediate outcomes—for example, increased institutional capacity—do not lead to ultimate outcomes in a linear fashion; political, macroeconomic, or cultural variables over which the program has little control affect the links between activities and outcomes; and, as the program's intervention evolves, new intermediate outcomes may emerge. As a result, this step, though critical for evaluation purposes, is often the weakest link in the theory of change.

Once the ultimate and interim outcomes have been defined, they must be translated into observable measures. Likewise, program characteristics and processes must also be translated into observable measures. The theories-of-change approach demands that the same rigor and creativity be brought to the measurement of the program's ongoing activities and processes as to the measurement of its expected outcomes. This recasting of the "process versus outcome" dichotomy distinguishes the approach from other evaluation frameworks. Typically, in documentation or process studies, the activities of community programs and complex interventions are well described but the early, intermediate, or longer-term outcomes resulting from these activities are not. And, typically, impact studies of social interventions tend to focus their measurement efforts on longer-term outcomes of interventions, not on testing the links between initiative activities, interim outcomes, and longer-term outcomes. The theories-of-change approach has a dual emphasis (with its associated burden and expense) that reinforces the need for a clear and well-articulated theory of change from which high priority activities, outcomes, and contextual factors can be selected for measurement.

Finally, the data must be analyzed to determine whether outcomes can be attributed to the intervention. The currently accepted "standard of evidence" for causal attribution in the evaluation field is based on the experimental model of treatment and control groups, an approach that is not advisable in the evaluation of most complex community interventions.[3] At the most general level, the theories-of-change approach contends that the more the events predicted by theory actually occur over the course of the intervention, the more confidence evaluators and others can have in the theory and its constituent hypotheses. The more detail that accompanies the links between activities and outcomes in the theory of change, the more compelling the tests of these hypotheses become as evidence of the intervention's impact. Thus, the need for post hoc analysis of causality is reduced in the theory-of-change evaluation because evidence of causality is provided all along the way and because all the stakeholders agree upon the theory's premises at the outset of the intervention.

Conclusion

The steps in a theories-of-change approach to evaluation are to:

- work with all key stakeholders to articulate the program's theory of change
- unpack that theory into a set of ultimate and interim outcomes and activities that are hypothesized to achieve them
- identify and measure indicators of both process and outcomes that will be considered valid by all stakeholders and analyze the resulting data with respect to the program's theory of change.

These steps resemble the steps that any good evaluator would take in designing the evaluation strategy for a complex program, but the theories-of-change approach is distinguished by two key principles. First, the process described above is participatory throughout. The theory itself is co-constructed by stakeholders and draws upon multiple sources of information including program experience, scientifically-generated knowledge, and community residents' insights. They also decide jointly on the markers of progress for which they and the program as a whole will be held accountable. Second, the theories-of-change approach forges links between design, implementation, and evaluation and then capitalizes on them in order to help realize the goals of the program. In particular, it requires specifying, evaluating, and then revisiting the pathways of change—that is, the relationship between activities and outcomes—at both the macro level of the overall initiative and at the micro level throughout the course of the initiative.

These attributes have the advantage of reducing conflict throughout implementation and evaluation of the program, permitting theory development and mid-course correction in the program as learning occurs, encouraging realistic appraisal of the resources required to achieve the goals of the program, and ensuring up front that key stakeholders will agree that hypothesized outcomes will be attributable to the program.

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Notes

[1] This article is adapted from "Evaluating Complex Community Initiatives Using a 'Theories of Change' Approach," with permission from the National Institute for Dispute Resolution, 1726 M Street, NW, Suite 500, Washington, D.C. 20036, 202/466-4764.

[2] Weiss, C.H. (1995) Nothing as practical as good theory: Exploring theory-based evaluation for comprehensive community initiatives for children and families. In Connell J.P., A.C. Kubisch, L.B. Schorr, and C.H. Weiss (eds.) New approaches to evaluating community initiatives: concepts, methods, and contexts. Washington, D.C.: The Aspen Institute.

[3] Hollister R.G. and J. Hill (1995) Problems in the evaluation of community-wide initiatives. In Connell et al. New approaches to evaluating community initiatives: concepts, methods, and contexts. Washington, D.C.: The Aspen Institute.

Designing Successful State-Level Evaluation
Highlights from the Harvard Family Research Project

by Diane Schilder

Recently, many state efforts have been underway to develop accountability systems for child and family services programs. To support and build upon these efforts, the Harvard Family Research Project's (HFRP) Results-Based Accountability Project studied the accountability systems approaches of several states, and has been disseminating information about these to others.

HFRP conducted case studies of Florida, Georgia, Iowa, Minnesota, North Carolina, Ohio, Oregon, and Vermont. The research focuses both on states that already have very comprehensive efforts and on those that are just beginning. Through document reviews, key informant interviews, and site visits, HFRP has identified and documented the key state-specific and cross-cutting design and implementation challenges. Some important lessons are summarized below; the challenges encountered and lessons learned are described in detail in recent and forthcoming HFRP publications (see sidebar):

1. Results-based accountability is here to stay.

The combination of welfare reform, managed health care, and the increasing shift of responsibility for child and family services to the state and local levels has placed an increased emphasis on results-based accountability in the eight states in our study. Numerous sources stated that "results-based accountability is here to stay" even if the political context changes at the state level. While many skeptics informed us that results-based accountability is not very different from previous budget and management reforms, most individuals acknowledged that the changing policy context has created a greater need for results-oriented information. Thus many believe results-based accountability will succeed where other reform efforts have failed. For example, in Florida and North Carolina, efforts have continued despite party leadership changes in the legislature.

2. Linking budgets to results is an important next step.

Most results-based accountability systems are very early in the design and implementation phase, with only a few far enough along to link budgets to results. However, to date, most states are using results-based accountability as a tool to plan budget priorities. For example, in Oregon, the state has increased funding to teen-pregnancy prevention programs since reducing teen pregnancy is a policy priority. The budgets are not yet linked to the results of teen pregnancy programs, but they are linked to this priority area. Many states and localities plan to begin experimenting with ways to link funding to results. For example, Iowa has developed methods for linking results to future budgets. Their lessons and experiences will be valuable to those who are still early in the development of results-based accountability systems.

3. Understanding political contexts is important.

Key elements to the promising design and implementation of results-based accountability efforts include understanding and taking into account the political context of the state. Sources informed us that bipartisan support is important to ensuring sustainability. For example, the Executive Branch Agency of the Minnesota Planning Office has taken steps in recent years to work with the Democratic legislature to ensure more broad-based support for the Minnesota Milestones.

More Lessons to Apply In Your Work

Harvard Family Research Project publications offer more details and information on the research described here and other studies related to evaluation. Currently available publications include:

The Evaluation Exchange
(Bulletins published 1996–1997)

***Reaching Results* Resource Guides and Resource Briefs:**
- The Guide to Results-based Accountability: An Annotated Bibliography of Publications, Web Sites, and Other Resources
- Resource Guide to Results-based Accountability Efforts: Profiles of Selected States
- Indicators: Definition and Use in a Results-based Accountability System
- Overview of Results-based Accountability: Components of Results-based Accountability
- Strategic Planning Process

Forthcoming publications include the following *Reaching Results* reports:
- Aiming for Accountability: Analysis of Eight States' Results-based Accountability Efforts
- Aiming for Accountability: Description of Four States' Results-based Accountability Efforts

For more information about publications, contact the Harvard Family Research Project, Publication Department, 38 Concord Avenue, Cambridge, MA 02138, 617/496-4304, http://hugse1.harvard.edu/~hfrp/index.html (world wide web site).

4. Engaging champions and recognizing the importance of relationships are key.

To ensure that the results-based accountability effort is successfully designed and implemented, champions are critical. Individuals at a variety of levels need to buy into the idea and be supported in their efforts to shift to a results perspective. Support from politicians, leaders, and grassroots supporters is essential to promising efforts. For example, in Ohio the initiative is housed in the Governor's Office, but local councils are responsible for developing their own results.

5. Training and technical assistance are critical for success of results-based accountability efforts.

States and localities need education, training, and technical assistance in identifying and overcoming challenges in designing and implementing results-based accountability systems. To be effective, such assistance needs to actively engage those charged with the design and implementation of the systems. Numerous interviewees informed us that training and technical assistance must be "hands on" to be effective. We were told that classroom training and lectures are effective only if coupled with exercises in which staff are actively involved in working through solutions to problems that are directly relevant to them. Hearing peers describe challenges they have faced and the lessons learned is one particularly useful way to learn about results-based accountability. For example, Georgia uses multiple training and technical assistance methods, such as using outside vendors, as well as promoting peer technical assistance.

6. Design and implementation of results-based accountability systems takes money, staff, and time.

The successful design and implementation of results-based accountability systems requires designated funds and personnel. States use a variety of funding sources for this purpose: federal Family Preservation and Family Support funds, foundation grants, and reallocation of state funds and staff. For example, Vermont has been innovative in using foundation funding to support its efforts. Additionally, these systems take time to develop and require that time pass before results data can be produced. The most successful states report that designing and implementing these systems "is not a story with an ending" and continuously revisit their vision and measures.

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A Glossary of Evaluation Terms

The following terms are used frequently in discussions of evaluating family support programs. These definitions are basic; more thorough explanations of the terms can be found in many of the resources listed in the Resource File at the end of this issue of *FRCA Report*, and in articles throughout the issue.

Anecdotal evidence: Data that is based on personal observation, case study reports, or random investigations rather than systematic scientific evaluation.

Benchmarking: Creating standards or references by which to measure progress or effectiveness.

Case studies: Studies of individual cases that are not based on scientific experiments.

Control group: The comparison group in an experiment to which the test or intervention is not administered in order to judge the true impact of the test or intervention.

Data-based research: Research that relies on the systematic collection and analysis of data.

Deficit-based: Focusing on trying to correct the weaknesses of a person or community.

Efficacy: Evidence that a specific treatment/intervention/program produces results under "ideal circumstances" (e.g. highly defined, narrowly targeted population, selected control group).

Effectiveness: Evidence that, when broadly implemented in real-world conditions, a treatment/intervention/program continues to produce results.

Empirical: Based on experiment or direct observation.

Evaluation: An attempt to measure the true impact of a program, initiative, or policy.

Evidence: Something that is used to prove or disprove an assumption.

Impact: The effect or influence of an intervention.

Impact measure: A measure of the intended impact of a program or strategy upon the child/family/neighborhood served.

Implementation measure: A measure of the degree of implementation of a program or strategy.

Indicator: A measure which helps quantify the achievement of the outcome.

Measurement: The assignment of labels to observations according to a rule or system in order to determine levels of effectiveness or progress.

Meta-analysis: An analysis consisting of multiple analyses.

Normative outcomes: A description of what outcomes should look like rather than what they are in reality.

Operationalize: The process of naming variables to define the concepts to be measured.

Outcome: A condition indicating the well-being of a child, family, or community that is broadly and commonly understood.

Outcomes-based accountability: Holding an intervention responsible for meeting defined, measurable outcomes.

Process-based accountability: Holding an intervention responsible for delivering services and programs as planned (ie., serving a certain number of families per month).

Programmatic examples: The programs used to demonstrate some characteristic of family support practices, principles, or premises.

Replication: The duplication of an intervention in another community to test whether the results will be the same.

Results-based accountability: Holding a program or intervention responsible for showing certain results.

Scale: A type of composite measure composed of several items that have a logical or empirical structure among them.

Strengths-based: Identifying and building on the capabilities and capacities of a person or community in ways that have empowering consequences.

Theory-based evaluation: Evaluation that is guided by theories about how and why an intervention works.

Theory of change: A premise about what produces a change in outcomes among a given population.

Triangulation: Using many research methods to study one intervention.

Best Evaluation of the Year

How ECFE Measured Low-Income Family Outcomes

by Betty Cooke

Early Childhood Family Education (ECFE) is a voluntary public school program open to all Minnesota families with young children (birth to kindergarten). Evaluation of the program has been a priority since the first pilot programs began in 1975. This article gives a brief overview of the design and results of an outcome evaluation of ECFE. This study won the American Evaluation Association's Award for Exemplary Evaluations at the Association's conference in 1996.

Background on ECFE

The mission of ECFE is to strengthen families by educating and supporting parents to provide the best possible environments for the healthy growth and development of their children. During the 1995-96 school year, more than 260,000 young children and their parents participated. Funded by over $32 million in state and local funds, it is the largest and oldest program of its kind in the nation.

ECFE programs provide different types and intensities of services to meet specific family situations. Families choose those that make sense for them. Most parents and their children attend once a week for two hours. Programs include three parts: parent discussion groups, guided play and learning time for children, and planned parent-child interaction activities. Home visits; early screening for children's health and developmental problems; information on other community resources for families and young children; special events; and books, toys, and other learning materials are also available.

Evaluation Based on Outcomes

Most of ECFE's early evaluations were formative in nature, but in the 1990s the emphasis shifted to outcome evaluations. The evaluation reported here evolved from a 1992 report of parent outcomes that involved pre- and post-program interviews of 183 parents, most of whom were middle-income mothers.[1] Changes were evident in parents' responses after they had participated in the program for a year.

The evaluation was designed to answer questions that emerged from the 1992 study about ECFE's effectiveness in serving low-income families. The purpose was to learn what kinds of immediate outcomes can be expected for lower-income families participating in ECFE programs.[2] The evaluation focused on families new to ECFE, with a child between the ages of birth and three years, and reported pre-tax income under $29,999. Three urban, five suburban, and six rural school districts (out of 360 in Minnesota) participated in the evaluation; these were selected on the basis of geographic location, income and ethnic characteristics of district ECFE participants, and district interest in participating. Twenty-eight ECFE staff members from the 14 districts served as data collectors. All site evaluators were trained in interviewing, observation, videotaping and analysis.

Photo courtesy ECFE

The following sampling strategy was used to identify families to participate in the study: Families new to ECFE during the first six weeks of the 1994-95 school year completed an enrollment survey, which included demographic questions. Each site evaluator recruited four to six of the earliest survey respondents to participate in the evaluation, selecting them on the basis of their reported income, ethnicity, and willingness to participate in interviews soon after enrolling. A total of 711 families completed this survey. Over 60 percent of these families reported incomes less then $30,000 and 37 percent reported incomes less than $20,000. One hundred and fifty families with reported incomes less than $30,000 were selected to participate in the evaluation.

In addition to identifying families for the evaluation, the fall enrollment survey was used to obtain basic socioeconomic data and to solicit information about social support and family stress. In the spring of 1995, districts contacted all families who had completed fall enrollment surveys and conducted a second enrollment survey. This one omitted demographic questions and asked participants to assess their ECFE experience.

Study families were involved in two open-ended interviews and two or three videotaped observations as soon as possible following enrollment in ECFE. The videotaped observations of parent-child interaction were done as the parent engaged the interest of their child in a basket of toys for 10-15 minutes. In most situations, the parent was first interviewed and then videotaped engaging their child in play at home. Following the in-home interview, the parent and child were videotaped at the program site during parent-child interaction time. Children old enough to

separate from their parent were also videotaped during the child-only guided play and learning time. Finally, following home and program videotaping, the parent was invited back to the program site to view videotaped segments during an interview conducted by the site evaluator. The purpose of this stimulated response interview was to understand how parents describe and interpret the behavior they viewed on the video. The same procedure was used in the fall of 1994 and again in the spring of 1995. Both the parent and stimulated response interviews were tape recorded and transcribed for analysis.

The fall parent interview provided information about how parents talk about their children's development, how well they understand child development and parenting issues, and how they perceive their role in supporting growth and development. The spring parent interview included several additional questions asking how parent-child interactions had changed, if at all, and what difference participation in ECFE had made for the parent or family. Interview data were analyzed using a coding scheme based on analysis themes which emerged from the 1992 study. Interview response codes reflect parent skill level (low, medium and high) and concepts which are central to ECFE work with parents (e.g., parent understanding of child's behavior, child guidance strategies used by the parent, and parent roles).

A modified form of the Parent Behavior Rating Scale[3] was used to evaluate video observations made at both the beginning and end of the program. The scale assesses parenting behavior in parent-child interaction in terms of nine concepts well documented in child development research—enjoyment/acceptance/warmth; sensitivity to child; responsivity; reciprocal engagement; pace; encouragement of sensorimotor and cognitive development; inventiveness/creativity; guidance/encouragement of self-direction; and absence of hostility.

Evaluation Results

Responses to both enrollment surveys were analyzed to obtain a general descriptive profile of the lower-income families new to ECFE participating in the evaluation. Evaluation findings are reported by the five evaluation questions below:

To what extent are lower-income families entering ECFE, and what are their characteristics?

Lower-income families represented 58 percent of all new ECFE participants at study sites. Almost all study parents were females and reported incomes less than $20,000 per year (72 percent). Many had completed education beyond high school (65 percent), were between 20-29 years old (63 percent), and were unmarried (54 percent). Over half of the study families (53 percent) had lived at their current address less than a year. Most parents were concerned about money (68 percent) and their children (53 percent). Within the past year, 54 percent of the parents had moved and over 40 percent experienced a significant decrease in income and/or serious money problems. Most parents (83 percent) were satisfied with family life. Eighty percent reported spending time with their families on a regular basis, and 49 percent shared parenting duties with someone else. Sixty percent were dissatisfied with the amount of time they could call their own.

The parent interview provided information about how parents talk about their children's development, how well they understand child development and parenting issues, and how they perceive their role.

What child development knowledge and parenting skills do lower-income parents bring to ECFE?

In this evaluation, systematic means were used by ECFE staff site evaluators and independent raters to make judgments about what parents bring to programs. Staff assessments were based on parent interviews, and independent raters' assessments were based on videotaped observations of parents interacting with their children. Parent interviews and the stimulated response interviews focused on four concept areas central to work with families and intended outcomes for families participating in ECFE and similar parenting education programs. These concept areas are knowledge/awareness of own child, parent behavior, parent role perception, and parent self-assessment. Parent responses to the two interviews were coded and scored low, medium, or high depending on how their responses compared to desired outcomes in these four concept areas.

Staff found that parents come to ECFE displaying both strengths and weaknesses. Staff assessed most parents as displaying medium-level knowledge or skill in two concept areas: parent self-assessment (71 percent rated medium) and knowledge/awareness of own child (52 percent rated medium). Most parents received lower ratings for parent behavior (69 percent) and parent role perception (61 percent). According to independent ratings, lower-income parents coming to ECFE exhibited different levels of parenting behavior. Most parents (65 percent) were rated 3 or 4 on a 5-point scale. Slightly over a third received lower ratings of 1 or 2. Very few parents, less than 5 percent, displayed hostility toward their child.

To what extent are families involved in ECFE, and how do they assess their experience?

Study families participated in ECFE an average of 42 hours; the range was from eight to 126 hours. All study families participated in parent-child classes, and 44 percent reported participating in two to four other kinds of ECFE activities or services. Over 81 percent of all low-income parents responding to the spring survey reported that ECFE was worthwhile, and 85 percent regarded staff as respectful and responsive.

How do parents, staff, and independent raters assess changes in parent skills and abilities?

Parents' assessment of their change: Over 92 percent of low-income parents reported that participation in ECFE made a positive difference in their confidence as a parent, social support, and knowledge and understanding of child development. In addition, 72 percent reported better relationships with their children. Study parents reported that ECFE helped improve their strategies for child guidance and the way they manage their own frustrations. Seventy percent reported using better guidance strategies with their children, and 65 percent reported handling their own frustrations better.

Staff assessment of parent change: As a group, parent interview scores improved in all four concept areas. Most importantly, the percentage of parents receiving low scores declined:

- Knowledge and awareness of own child—57 percent fewer low scores
- Parent self-assessment—30 percent fewer low scores

- Parent role perception—29 percent fewer low scores
- Parent behavior—27 percent fewer low scores

An analysis of individual scores reveals that 25-34 percent of parents demonstrated positive score change in the concept areas. More parents demonstrated positive change in knowledge and awareness of their child (34 percent) than parent behavior (25 percent) or parent role perception (25 percent).

Independent raters' assessments of parent behavior change: Independent ratings of parents' behavior as demonstrated in videotaped interaction with their child showed a 27 percent decline in the number of parents rated 2 (a lower rating). For the total sample, 8 percent of parents showed improvement. In this evaluation, more parents demonstrated positive change in knowledge and awareness of their own children than in their parenting behavior. This is likely a reflection of their level of expertise coming into the program and the need for more focused education strategies that address the specific goals associated with behavior change. Awareness and knowledge of what a person ought to do does not guarantee that he or she will change long-standing behaviors. Transferring what one knows into day-to-day practice is neither instantaneous nor guaranteed. Behavior change is often a long-term proposition requiring support, practice, and reflection.

What do we know about parents who demonstrate change?

Results of a regression analysis showed that neither demographic attributes, numbers of risk factors, nor hours of participation predicted whether a parents' knowledge or behavior scores changed. In other words, characteristics of parents we know something about (demographics, number of critical events and hours of participation) account for very little of the variance in parent score change for either staff or independent ratings. This finding suggests that low-income families exhibiting diverse characteristics are effectively served by ECFE. ECFE's universal access approach appears to be effective with many different low-income families.

Study Recommendations

Program staff reviewed evaluation findings and responded with the following recommendations:

Recommendations for Policy

1. Continue Minnesota's commitment to universal access ECFE programs. There is no compelling evidence to support specific targeting of ECFE programs on families with specific characteristics.
2. Expand funding for ECFE so that more than 40 percent of the eligible population can be served.
3. Universal access programs with guided parent-child interaction components are needed through elementary school to support the evolution of positive parent-child relationships.

Over 92 percent of low-income parents reported that participation in ECFE made a positive difference in their confidence as a parent, social support, and knowledge and understanding of child development.

Recommendations for Programs

1. Work on building meaningful relationships based on understanding and trust with every parent. The time, interest, and attention focused on study families improved their involvement in ECFE as well as staff knowledge of families.
2. Recognize that change in knowledge does not guarantee change in behavior. Review all educational methods and look for ways to help parents observe, practice, and reflect on parenting behavior and their parent-child relationship.
3. Recognize that informed judgments must be made about parents' knowledge and skills to implement effective programs. Programs which make a significant difference in the relationships between parents and children evolve from informed judgments about what families bring to programs and what should be done to encourage positive change.
4. Continue building ongoing evaluation into all program efforts and providing staff evaluation experience.

New Evaluation Issues

1. Learn more about short-term outcomes of low-income families of color participating in ECFE.
2. Study outcomes demonstrated by families participating in more than one program year.
3. Identify program practices and management strategies that support positive family change.

Action based on study recommendations is underway. State policymakers are considering a funding increase for ECFE, and parent advocate groups are strongly supporting expanded funding. A series of twelve in-services for ECFE staff to address programming recommendations took place last year, focusing on use of videotaping and other teaching strategies for moving parents from knowledge to behavior change. A statewide ECFE evaluation committee is exploring funding options for pursuing the recommendations for further evaluation. Use of evaluation results for multiple purposes has been a cornerstone of ECFE program development since the program began in 1974.[4]

Betty Cooke, Ph.D., is an early childhood and family initiatives specialist with the Minnesota Department of Children, Families & Learning. Copies of a summary and the full report of Immediate Outcomes of Lower-Income Participants in Minnesota's Universal Access Early Childhood Family Education are available from her at 310 Capitol Square Building, 550 Cedar Street St. Paul, MN 55101, 612/296-6130 (phone), 612/296-5076 (fax), betty.cooke@state.mn.us (e-mail).

Notes

[1] Mueller, M. R. (1996) *Immediate Outcomes of Lower-Income Participants in Minnesota's Universal Access Early Childhood Family Education* (St. Paul: Minnesota Department of Children, Families Learning).

[2] Cooke, B. (1992) *Changing times, changing families: Minnesota early childhood family education parent outcome interview study* (St. Paul: Minnesota Department of Education).

[3] Mahoney, G. (unpublished) Parental behavior rating scale.

[4] Additional sources of information on the ECFE evaluation described in this article are:

Mueller, M. R. (1998) "The evaluation of Minnesota's Early Childhood Family Education program" *American Journal of Evaluation*, 19(1) 80-86.

Fitzpatrick, J. (1998) "Dialogue with Marsha Mueller" *American Journal of Evaluation* 19(1) 87-99.

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Parent Involvement in Program Evaluation and Research

by Lynn McDonald

Family support programs have as one of their fundamental values a commitment to sharing governance between parents (as consumers) and staff (who should include both parents and professionals). But sharing power may be difficult for professionals who have been trained traditionally and are accustomed to a historical hierarchy that places service providers over consumers or helpers over those who have needs. Well-intentioned and unwitting resistance to shared governance are particularly evident in the area of evaluation of services.

When I got involved in family support work, I was already a professional of long standing: I had received a MSW in 1970 and a Ph.D. in 1976; I had been part of the faculty at a graduate school of social work for 12 years; and I had served as president of the Wisconsin chapter of the National Association of Social Workers. Also, having been a youth activist in the civil rights movement in the 1960s, I was politically committed to addressing social injustice in whatever field in which I chose to work. Yet, when I shifted from being a family therapist and psychiatric social worker to working in early intervention/prevention family support programs, I had to do a lot of thinking and go through many experiences to get past my reservations about empowering "non-professionals." In this article, I share some stories that address some of these issues and describe some small steps taken toward incorporating the concept of shared governance into the evaluation practices of one particular family support program.

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Parent volunteers at Family Focus Lawndale meet at Dvorak Elementary School in Chicago, Illinois. Parent participation and leadership are a key to the school's success.

Story 1: Listening to Parents

The first memorable learning experience I had in this process was in connection with the Families and Schools Together (FAST) multi-family program, which I developed in 1988. FAST is a collaborative, family-clustering program that serves primarily low-income single mothers and their children. In order to evaluate the program, I invited Ms. Estella Payton, a parent advocate and director of Family Support Services at Dane County Head Start, to visit a FAST session as a paid consultant and tell me what she thought. She came, and after what seemed like just a few minutes, she disappeared. I was disappointed that she was not observing the wonderful, research-based, interactive activities taking place. When, after the evening session was over, we went out for a cup of coffee and I asked for her opinion, she said it was a very good program. I asked in a casual way how she had been able to determine this, since she did not spend much time listening to the research rationale for each component of the program. She explained patiently to me that outside the building and out of my earshot, she had been asking the parents what they "really" thought. "And, Lynn," she said, "here is what they told me: the parents love this program called FAST."

By directly asking the parents what they thought in a private, personal, and open-ended way, Ms. Payton had done something as an evaluator that, because of differences of social class, education, race, and life experience between me and the FAST parents, I could not have done. She respected the parents' voices and related their experiential verdicts rather than telling me her own expert opinion. Ms. Payton worked as an intermediary: she knew what information was needed, how to get it and how to share it while interacting respectfully with the FAST parents and with me.

Because of Ms. Payton's close and impassioned involvement in every aspect of the FAST program over the last eight years, the program is strong in shared governance and in respect for parents at every level. FAST has benefited from her strong, persistent, patient, and continuous parent advocate voice. Because she loves FAST and because of our friendship, Ms. Payton has stayed involved, despite obstacles put in the way of strong advocates of a disenfranchised population. Ms. Payton became the first certified FAST trainer in the nation and has done more on-site training to implement FAST programs than anyone else. Now, before any new site can be certified, parents sit on a panel and are asked for their feedback as part of the evaluation: What did your child think about FAST? What did you think about FAST? What do you tell other parents about FAST?

Story 2: Getting Past Credentials

As the FAST family support program has been replicated 27 states and three countries, core standards for program implementation have been developed which include specification of who runs the program: a minimum of four paid team partners facilitate the program, at least one of whom is a FAST program parent graduate. How did this come about? When hiring a

new mental health partner at a family counseling agency. Ms. Payton and I worked on the interview questions to ask the job applicants, and we had developed a scoring system that included several questions about respect for low-income parents from diverse backgrounds. She had already helped create a hiring panel which included two FAST parent graduates, and I knew that she had been working with several FAST parents in a group that sought to put parents into grassroots leadership roles. Somehow, though, I had assumed that all the applicants for the position of mental health partner would be professional psychiatric social workers with MSW degrees. But then I learned that two of these parents were applying. I resisted this because of my commitment to credentials and professionalism, but Ms. Payton urged that we at least interview them with the panel, to help give them job interview experience.

Well, Tammy Conrad was a superb candidate: she got the best scores from the panel and from me on every question. But she had only a two-year community college degree in social work. Ms. Payton encouraged me to keep an open mind about the relative values of competence and degrees, and to consider the principles of the FAST program. We hired Ms. Conrad and she became one of the program's best mental health facilitators. I know because I have compared her program outcomes with those of the MSW mental health facilitators (there is now a national data bank on FAST program outcomes). I evaluate outcomes on each FAST cycle using four standardized instruments to measure:

1. Teacher and parent assessments of changes and improvements in child functioning at home and at school
2. Family cohesiveness
3. Family social isolation
4. Parent involvement in school

The findings for Ms. Conrad's groups were comparable with others in all respects except one: I also ask for qualitative, open-ended feedback from parents on a final survey (we now always ask parents what they think). Tammy's programs consistently manifested very high values of supporting vs." fixing" families. She is a passionate and consistent advocate for parents, she respects their contributions, and her FAST programs clearly reflect the deliberate empowerment of parents. Ms. Conrad has become one of 248 certified FAST trainers.

Story 3: Empowering Parents

In 1996, the National Institute of Drug Abuse (NIDA) awarded a five-year research grant to Dr. Paul Moberg, director of the Center for Health Policy and Program Evaluation at the University of Wisconsin-Madison, to study the FAST family support program at 10 elementary schools. This important study, which built on an earlier one evaluating FAST in Head Start and preschool programs, included random assignment and control groups, long-term follow-up, and collaborative implementations of 20 FAST cycles. One day early on in the research design, instrument selection, negotiation with the Milwaukee School District, and so on, Ms. Payton asked a carefully phrased question: "Do you think it might be a good idea to have a FAST Parent Research Advisory Council to help review instruments, recruitment, designing of materials, and hiring?"

As soon as she asked this, I blanched. How could I have not thought of this? After eight years I still forget to empower parents and bring them into the process! I was mad at myself, and frustrated with the slowness of my re-learning. Do not give up on me, Estella Payton, I thought. "What a great idea, Estella," I said. "What steps shall we take to make it happen?"

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Being a Parent Leader in Program Evaluation

by Estella Payton

The FAST (Families and Schools Together) Parent Research Advisory Council was formed to help review instruments, recruit, design materials, and hire personnel for the FAST evaluation. As founding council member, I was joined by a researcher, a school representative, and seven parents representing various cultures. After reviewing the evaluation materials, the council drafted recommendations for changes in the program and presented them to the researchers, who were appreciative and used it as the final evaluation tool. Two of the Milwaukee parents were hired to assist with interviews for evaluation staff, and some of the parents sat on the interviewing and hiring committee and participated in the training of the new staff.

My experience shows that parent councils are successful when parents have a voice and are heard and taken seriously by professionals who respect them and genuinely want their input. Each member of our council is provided with business cards showing his or her title. When participants are accorded respect, they will feel honored to be asked to serve in such an important capacity on the Parent Research Advisory Council. A stipend (ours was 30 dollars per meeting) for childcare and transportation helps council members take the time necessary to participate. Finally, the key to success is that parents and professionals view the council as a chance for parents to take part in making the world a better place for families.

The rewards of being a parent advisor are many: participants gain experience to apply toward future opportunities and to add to their resumes, they have the chance to work together for a cause they share, and they gain the confidence to go further with the belief, "If I can do this, I can do more."

Estella Payton is Trainer Supervisor for Families and Schools Together.

How Are We Doing?

FRCA's New Tool Helps Programs Find the Answers

FRCA is in the process of creating *How Are We Doing?*, a program planning and self-assessment tool based on the principles of family support practice. Upon publication in autumn of 1998, *How Are We Doing?* will help family support practitioners integrate family support principles into day-to-day practice, building on FRCA's *Guidelines for Family Support Practice* (1996). This hands-on guide includes tools such as surveys, focus group handouts, and interview scripts.

How Are We Doing? provides a framework and process for family support practitioners to:

- Examine all aspects of their day-to-day operations
- Identify program strengths
- Clarify areas for program improvement
- Develop a plan to enhance specific program practices

How Are We Doing? can be used by individual programs, networks of family support programs, and technical assistance and monitoring organizations. *How Are We Doing?* is versatile: in three years of testing and developing the tool, programs have used it as a staff development tool at retreats, centers have used it to educate their boards and community partners, networks have shown interest in using it to share information among programs, and resource and referral providers have used it as a tool for updating their materials.

How Are We Doing? will be useful to program participants, staff, board members, or other stakeholders who have first-hand knowledge of day-to-day program operations and are involved in assessing the whole program. It is not designed to be used by outside reviewers or as a tool for evaluating an individual staff member or a staff group.

A Look Inside *How Are We Doing?*

How Are We Doing? is divided into 10 sections, organized to match how practitioners think about their programs and deliver their services:

A. Governance

B. Outreach/Engaging Families

C. Programs and Activities

D. Child Development and Parent Education

E. Working with Individual Families

F. Relationship with the Community

G. Center Environment

H. Home Visiting

I. Staff Roles and Capacities

J. Monitoring and Evaluation

Each section begins with text describing the purpose of the questions, sources of information, and recommendations for who to involve when answering the questions. Each section contains 10 to 15 statements, each describing a different practice, and a range of examples of ways to implement this practice in a program (see sample practice statement and examples).

Next to the practice statements, programs use a scale of zero to five to indicate how important the practice is and to what extent it currently is being implemented. In the end, programs "score" their family support practices using both of these columns. The tool is comprehensive, encouraging programs to look beyond the basics to how the principles of family support are infused into all aspects of their practice. The scoring structure for the tool is designed to recognize that all programs are different, and to encourage programs to think through the relative importance of each practice to their mission and goals.

How Are We Doing? Sample Item

Governance	Degree of importance	Degree of implementation	Comments & notes
2. A program planning committee/governing board oversees ongoing programming decisions such as:			
a. types of activities/services provided			
b. use of resources			
c. quality, appropriateness, effectiveness of programs			
d. other:			
e. other:			

How Was *How Are We Doing?* Developed?

In order to review evaluation and program assessment tools currently being used in the field, FRCA asked national and statewide networks of programs to send in assessment or monitoring tools that they used with programs. (Those that were most relevant are included in the appendix.) Based on that review of tools, *Guidelines for Family Support Practice*, and the family support literature, staff created a first draft of the tool. This first draft was used with a network of programs in Ohio in a two-day training on program development and family support planning. This experience identified strengths and weaknesses of the tool in application.

How Are We Doing? then was reviewed by more than 20 family support practitioners, researchers, policymakers, and individuals who run family support programs, many of whom had worked with statewide or national networks of family support programs and had experience using similar tools in the field. Several of these reviewers organized review committees of diverse program staff, which came together to provide feedback. Revisions, which continue now, are based on reviewers' responses to the tool. A list of reviewers is included as an appendix.

Finally, field tests are helping FRCA take *How Are We Doing?* from a good idea to a process that works. Since June 1997, FRCA has been learning from a group of programs in three states that agreed to help pilot *How Are We Doing?* in the field.

How Can I Get a Copy?

You can take part in fine-tuning this ground-breaking tool by participating in activities based on *How Are We Doing?* at the FRCA national conference, The Many Faces of Family Support: Creating a Culture of Community Responsibility, April 29-May 2, 1998, in Chicago. Final copies of the tool can be purchased this fall through our publications and services catalog; if you're not on our mailing list, send your name, address, phone, and fax numbers (and your e-mail address) to FRCA, Membership Services, 20 N. Wacker Drive, Suite 1100, Chicago, IL 60606.

State-Funded Programs in Ohio Work Together to Evaluate Success

by Daniel R. Hecht

Practitioners, educators, and policy-makers have struggled for years over how to develop community-based programs that will nurture and support families. Although many ideas have been considered, discussions are hampered when they turn to assessing the success of these programs. The technical difficulties of such evaluations are well known. Yet the pressure to perform them is increasing year by year because of increasing interest in accountability.

The need to evaluate is beyond debate. In an era of limited resources, prevention programs must provide evidence of success to compete against organizations that can demonstrate an immediate need for funding. From a government standpoint, the development of a statewide evaluation system to provide evidence of policy success is important. However, the information needs of a statewide funding agency may not coincide with those of a local agency that must meet the requirements of multiple funding agencies. One danger is that a selected policy goal or indicator may be inappropriate for measuring the achievements of a local program. A successful program may not show change or success when evaluated in terms of the statewide goal. Thus, a standardized system of evaluation could be as harmful to a program as no evaluation at all.

It is commonly assumed that a standardized evaluation system unifies similar programs and provides policy-makers or funding organizations consistent information with which to assess the success of a policy or program. However, it seems clear that prevention programs have dissimilar goals and objectives. It seems even more clear that there is tension between the needs of program evaluations and the needs of policy analysis. Recognizing that it did not have the resources to evaluate every program that it funded, the Ohio Children's Trust Fund (OCTF) developed a system that placed the responsibility for the evaluation on the grantee. To do so, the OCTF attempted to balance the needs of individual programs with the needs of policy-makers.

System Development

Beginning in SFY 1995 (July 1, 1994 to June 30, 1995), the Ohio Children's Trust Fund struggled to enhance its evaluation system. Three factors weighed heavily in the development of a new system:

1. The number of different programs, curricula, and service delivery systems made comparisons of programs functionally impossible.
2. There was increasing pressure to reduce the number of rules for agencies receiving government funding.
3. Organizational needs dictated decreasing the amount of paper processed.

The OCTF decided to establish a system of self-evaluation and hired Professional Data Analysts (PDA) and the Center for Evaluation Research (CER), both from Minneapolis, Minnesota, to expand a previous project with the Minnesota Children's Trust Fund. PDA and CER developed a technical assistance document which provided guidance on how to evaluate and provided a number of instruments which could be selected to indicate program success. The initial OCTF Evaluation Battery contained more than 20 evaluation instruments. The OTCF asked each of its grantees to select an instrument that met their needs from the battery. By having a varied but limited number of instruments to measure the grantees' success in achieving their desired goals, it was hoped that some technical assistance based upon comparisons could be provided (e.g., if 20 projects used the Adult-Adolescent Parenting Inventory, the five projects with the greatest success could provide guidance to the others).

Principles

The OCTF Evaluation System is based on a number of principles:

1. Each organization evaluates its program on the basis of its needs and abilities. The evaluation design is to be based upon an assessment of the organization's resources and abilities, the requirements of funding agencies, and the selection of a measure of success appropriate to the project.
2. The state allows flexibility in its requirements. By recognizing that many agencies receive funds from multiple sources, the state encourages the grantee to unify evaluations to reduce costs. Thus, many evaluation instruments and designs are identified but not mandated.
3. The grantee accepts the responsibility to evaluate. Success is to be indicated primarily in year-end reports, but more important, in future proposals. This allows a comparison of success to be made when policy-makers are selecting programs based upon needs. Programs that are successful in achieving their goals are also successful in the funding cycle.
4. Grantees are to use at least one instrument from the battery. They may submit additional instruments for approval if these instruments better meet their needs. These will be included in future editions of the battery.
5. The grantee submits an evaluation plan indicating instrument, design, when data will be gathered, and from whom. The evaluation plan is strengthened by the development of a unified, theory-based linear model which describes the evaluation or program goals over time.

Unified, Theory-based Linear Models

One critical element of the OCTF evaluation system is training the grantees how to develop a unified, theory-based linear model, a plan which will project what information is to be gathered over time to indicate success. This is based upon the development of logic models. A logic model establishes the projected relationship between a problem, an intervention, and the short- and long-term outcomes (changes). The ability to acquire information changes over time, and the evaluation plan should anticipate and prepare for these changes.

The principal idea is to establish a process of information gathering. As a project progresses, different types of information become available. It is important to develop a plan to gather this information when it is appropriate to do so. A new project may start with simple implementation

questions for an evaluation (e.g., are the clients satisfied?). As the project becomes more established and the project director is satisfied with the results, new questions can be raised (e.g., do clients feel less isolated and feel comfortable in seeking help from others?). Finally, the project may assess how the clients have changed their behavior (e.g., do they receive fewer services, remain employed, etc?). Each evaluation plan must assess when it is appropriate to ask these questions.

Success and Future Directions

The key to successfully introducing the OCTF evaluation system was twofold. First, each agency participating in the project had to understand that evaluation was becoming "industry standard." Nearly all funding organizations require an evaluation of some sort. It was important that a grantee perform an evaluation that would best indicate their program's success. Second, the OCTF would have to provide each agency with training, evaluation materials, technical assistance, and if necessary, a site visit to help design a system that met their needs. Most agencies were very accepting of the assistance and willing to implement the system.

In shifting responsibility for evaluation to the grantees, the OCTF had to accept that it would not and could not know everything about the programs. The level of monitoring was reduced. This created worries, for OCTF felt more exposed in its ability to answer public inquiries. By reducing its access to paper, it reduced its access to information. The responsibility for success rested upon the grantees. As the role of the agency changed, it needed to alter how it operated.

The new system also created risks to the grantees. Most large agencies have greater resources and expertise to perform evaluations. Smaller agencies, if unsuccessful, faced a greater risk as a greater proportion of their funds would be in jeopardy. In order to survive, many agencies needed to change how they did business. Indeed, over the course of the project, a number of agencies have merged.

The new evaluation system has not resolved the tension between policy analysis and program evaluation. Many grantees, however, seem satisfied that the success of their program is dependent upon their ability to indicate a success that they select. This can be attributed partly to the fact that most OCTF grants are selected by local boards which have a closer relationship with these agencies.

Although the OCTF now receives evaluations from more than 150 projects, most of the results will not be published. For technical reasons, most evaluations break the rules of pure scientific method. However, the information generated by them is usually acceptable to most of the grantee's audiences and thus meets the grantee's needs. Currently, it seems appropriate to use these evaluations as case studies to provide technical assistance to grantees or indicate local achievements.

Finally, the OCTF recognizes that some policy questions cannot be answered on the basis of this system. When appropriate, the OCTF will participate in large-scale evaluations by evaluators who are independent from the grantees. These studies should complement the evaluations presently being performed, but they will address different issues than the grantee's evaluations.

By using the information from these two sources together, we hope that multiple needs will be met. Each grantee should have results regarding their specific program. The OCTF can use the case studies to provide technical assistance and to answer minor questions regarding policy viability. The information provided by independent evaluators completes the picture as to the success of the policy. In systems where information requirements are complex, the ability to assess information from multiple perspectives is necessary to satisfy the needs of all parties. Evaluation works better when the funding agency and the grantee work together.

Daniel Hecht, MPA, is a Research Specialist with the Ohio Children's Trust Fund. For more information on the OCTF Evaluation System, contact the Ohio Children's Trust Fund, 65 East State Street, Suite 908, Columbus, OH 43266-0423, 614/466-1822 (phone), 614/728-3504 (fax), hechtd@odhs.state.oh.us (e-mail).

Academic Research Plus Grassroots Expertise

University of Pittsburgh, Office of Child Development

Policy and Evaluation Project, 121 University Place, Pittsburgh, PA 15260

412/624-5521

Anne Farber, Research Associate

The University of Pittsburgh Policy and Evaluation Project creates evaluations of family-serving programs by forging partnerships between the University of Pittsburgh, which analyzes and designs evaluations, and programs themselves, which collect their own data. A grant from the US Department of Education allows the university to give technical assistance to community agencies and help them perform evaluations. The university also receives some payment from local community agencies that request that specific evaluations be performed for them.

These partnerships have produced evaluations of family support, youth development, health promotion, and education programs and mediation centers, and have measured developmental changes in children, increases in parenting knowledge, and other indicators.

Challenges include both collecting the data in a timely fashion and assuring the accuracy of the data, both of which are compounded by agencies' limited staff and funding. Another challenge is to translate the results of the evaluation into information that is useful to the agency. The University of Pittsburgh Policy and Evaluation Project suggests a number of strategies to meet these challenges (agency and program staff who collect data receive training in these areas). To minimize the burden on busy staff, keep things simple: evaluate a small number of important and critical items. Make sure that clear goals are set and answer a few simple questions while the evaluation is being planned: What is the program doing? What does it want to do? And what outcomes is the program looking for in evaluation? The answers to these questions should be consistent with one another. Above all, the content of the evaluation should be planned in such a way that it provides useful information for the specific program or agency. Finally, the project recommends collaboration. Inquire with similar agencies or programs to see if they have performed evaluations and have tools that worked for them.

Evaluation That Works For You
A Practical, Useful Model from the Field

by Jennifer L. Kapuscik and Francine Jacobs

The family support movement includes a diverse range of programs intended to help families and communities create healthy environments for children. Over the years, positive evaluations of parenting education, home visiting, family literacy, and resource and referral programs have provided fuel for the public expansion of family support services.

Many evaluations have demonstrated the relative effectiveness of particular service approaches, in particular settings, with particular families. But as a group, family support programs pose several important challenges to evaluation: communities in which programs are located have very different problems and resources; families bring a variety of needs, concerns, strengths, and preferences to programs; programs do not seek to achieve uniform outcomes for all participants, preferring to address families' specific needs; and programs call on different service modalities and offer a variety of activities and services. These factors make it difficult for evaluators to choose appropriate comparisons, protect against threats to internal and external validity, and focus on a limited number of variables.

Still, there is much that family support programs can learn through systematic evaluation. All programs must be involved in an ongoing effort to evaluate their practice and performance in the context of their communities and with reference to the values and goals of their participants and stakeholders.

This paper describes the Five-Tiered Approach (FTA) to program evaluation developed by Francine Jacobs.[1] It is the basis for the work of the Tufts Technical Assistance Project, which provides evaluation support to programs funded by the Massachusetts Children's Trust Fund and other programs, and can be used to help programs undertake useful and feasible evaluations.

A Developmental, Utilization-focused, Participatory Approach

The FTA was developed in the mid-1980s in response to challenges to traditional evaluation posed by complex, individualized family support and parenting education programs.[2] What distinguishes this model is its recognition that programs are unique and developing entities, and that evaluation purposes and capacities change over time. FTA is part of recent movements in the field that value participatory, utilization-focused evaluation. This approach considers the potential uses of evaluation-generated information in its design and implementation, and requires, in Michael Quinn Patton's words, "situational responsiveness, methodological flexibility, multiple evaluator roles, and substantial doses of creativity."[3]

An important feature of this approach is the involvement of program stakeholders, particularly staff and clients, in the evaluation process. Participatory evaluation, because it takes the needs and concerns of stakeholders into account, comes to be viewed as something "done with" rather than "done to" programs, reducing resistance and increasing the feasibility of the evaluation. But while it takes advantage of the experience and insight of participants, it also encourages them to recognize the limits of their individual perspectives and the value of systematic and rigorous approaches to information gathering.
The FTA organizes evaluation activities at five levels, moving from generating descriptive and process-oriented information at the earlier stages to determining the effects of programs later in their development. These levels are:

Tier One: Needs Assessment

Tier Two: Monitoring and Accountability

Tier Three: Quality Review and Program Clarification

Tier Four: Achieving Outcomes

Tier Five: Establishing Impact

Evaluation at the first tier establishes the need for the program and a data baseline from which later progress can be measured. Activities at the second tier allow for an accurate description of the program—who it serves, what services it provides, and how much it costs. At the third tier, programs review performance data, solicit additional feedback from stakeholders, and determine the extent to which they provide services as promised. Often programs revise their goals or strategies as a result of the program clarification that takes place on tier three. The two final tiers focus on establishing the effects, if any, that the program has achieved for the families it serves. At the fourth tier, programs measure their progress in attaining short-term objectives, generally through the use of simple research designs. At the fifth tier, the program's progress toward longer-term goals is assessed using rigorous experimental methods. The model demands greater technical expertise at each tier, and requires that programs articulate an increasingly precise vision of what they expect to accomplish, when, how, and for whom.

Like traditional approaches, the FTA supports the careful and systematic collection of data, selection of indicators, and choice or construction of measurement instruments to generate information useful for program and policy decisions and for establishing to what extent the program fulfills its promises. But the FTA is also quite different. First, its inclusive definition of evaluation views needs assessment, program planning, monitoring activities, and outcome studies all as legitimate evaluation activities. Second, it is incremental and developmental, assuming that a program's commitment to evaluation will be long-standing and will change and deepen over time. Third, it recognizes a range of purposes for conducting evaluation, acknowledging different evaluation needs at different times.

The table below compares the tiers according to the purposes of the evaluation, the audiences, the tasks to be undertaken, and examples of the types of data to be collected.

The tiers are structured sequentially to reflect the development of evaluation capacity and the goal of accountability for outcomes, but the FTA should not be viewed as linear. Meeting the evaluation needs of a program and its stakeholders requires the flexibility to move back and forth from tier to tier and to combine different activities across tiers. For instance, the assessment of community needs at Tier One should be accomplished before a program is developed. But if this is left undone or never repeated, the program may not be able to adjust to changing cir-

Program Evaluation
The Five-Tiered Approach

Level/Title	Purposes of Evaluation	Audiences	Tasks	Kinds of Data to Collect/Analyze
TIER ONE **Needs Assessment** 	1. To document the size and nature of a public problem 2. To determine unmet need for services in a community 3. To propose program and policy options to meet needs 4. To set a data baseline from which later progress can be measured 5. To broaden the base of support for a proposed program	1. Policy-makers 2. Funders 3. Community stakeholders	1. Review existing community, county and state data 2. Determine additional data needed to describe problem and potential service users 3. Conduct "environmental scan" of available resources 4. Identify resource gaps and unmet need 5. Set goals and objectives for interventions 6. Recommend one program model from range of options	1. Extant data on target population; services currently available 2. Interviews with community leaders 3. Interviews or survey data from prospective participants 4. Information about similar programs in other locations
TIER TWO **Monitoring and Accountability** 	1. To monitor program performance 2. To meet demands for accountability 3. To build a constituency 4. To aid in program planning and decision-making 5. To provide a groundwork for later evaluation activities	1. Program staff and administrators 2. Policy-makers 3. Funders 4. Community stakeholders 5. Media	1. Determine needs and capacities for data collection and management 2. Develop clear and consistent procedures for collecting essential data elements 3. Gather and analyze data to describe program along dimensions of *clients, services, staff,* and *costs*	1. MIS (management information system) data; collected at program, county and/or state level 2. Case material; obtained through record reviews, program contact forms, etc.
TIER THREE **Quality Review and Program Clarification** 	1. To develop a more detailed picture of the program as it is being implemented 2. To assess the quality and consistency of the intervention 3. To provide information to staff for program improvement	1. Program staff and administrators 2. Policymakers 3. Community stakeholders	1. Review monitoring data 2. Expand on program description using information about participants' views 3. Compare program with standards and expectations 4. Examine participants' perceptions about effects of program 5. Clarify program goals and design	1. MIS monitoring data 2. Case material 3. Other qualitative and quantitative data on program operations, customer satisfaction, and perceived effects; obtained using questionnaires, interviews, observations, and focus groups
TIER FOUR **Achieving Outcomes** 	1. To determine what changes, if any, have occurred among beneficiaries 2. To attribute changes to the program 3. To provide information to staff for program improvement	1. Program staff & administrators 2. Policymakers 3. Community stakeholders 4. Funders 5. Other programs	1. Choose short-term objectives to be examined 2. Choose appropriate research design, given constraints and capacities 3. Determine measurable indicators of success for outcome objectives 4. Collect and analyze information about effects on beneficiaries	1. Client-specific data; obtained using questionnaires, interviews, goal attainment scaling, observations, and functional indicators 2. Client and community social indicators 3. MIS data
TIER FIVE **Establishing Impact** 	1. To contribute to knowledge development in the field 2. To produce evidence of differential effectiveness of treatments 3. To identify models worthy of replication	1. Academic and research communities 2. Policymakers 3. Funders 4. General public	1. Decide on impact objectives based on results of Tier Four evaluation efforts 2. Choose appropriately rigorous research design and comparison group 3. Identify techniques and tools to measure effects in treatment and comparison groups 4. Analyze information to identify program impacts	1. Client-specific data; obtained using questionnaires, interviews, goal attainment scaling, observations, and functional indicators 2. Client and community social indicators 3. MIS data 4. Comparable data for control group

Reprinted from Jacobs, F. (1988). "The five-tiered approach to evaluation: Context and implementation." In H. Weiss and F. Jacobs (eds.), *Evaluating family programs*. Hawthorne, N.Y.: Aldine de Gruyter.

Source: Jacobs, F. H., P. Hrusa Williams, J. Kapuscik, and E. Kates (forthcoming). *Evaluating family preservation services: A guide for state administrators*. Medford, Mass.: Family Preservation Evaluation Project, Eliot-Pearson Department of Child Development/Department of Urban and Environmental Policy, Tufts University.

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cumstances. Likewise, even after a mature program has completed an evaluation of short-term outcomes, there still needs to be Tier Two monitoring and Tier Three assessment and reflection.

Many program administrators and staff shy away from participating in evaluation activities, but much critical work in building a successful evaluation rests on information and expertise that they have. Clarifying the purposes and audiences of the evaluation, the program's goals and objectives, and the underlying theories about how change occurs can best be done by people with intimate knowledge of the program. Although agency research personnel or outside evaluators may be central players, providing the bridge between the interests of stakeholders and the scientific dictates of the evaluation process, many evaluation activities can be undertaken by program participants committed to learning as they go along. Stakeholders know what they want to study, while researchers know what it is possible to learn given the available data and research techniques. Together they can develop an evaluation plan that matches program interest and capacity with an appropriate and sufficiently rigorous research approach.

The Elements of an Evaluation

Planning evaluation activities that can satisfy the needs of the program and its stakeholders requires the articulation of four evaluation elements:

Purposes. Determining whether a program is achieving intended results is no longer the only acceptable purpose for evaluating it. Programs often have several reasons for considering an evaluation: to be accountable to funders; to assess the quality of program services; to understand client satisfaction; to explore differences between services, sites, or groups of participants; and to document effects. By incorporating evaluation as an important and ongoing part of program operations, programs can address all these purposes over time and as needed.

Questions. The questions programs want answered generally flow from these purposes, and the choice of questions influences the ultimate shape of the evaluation. The FTA provides a clear methodological framework for asking and answering different types of research questions. Tier One and Two evaluations pose descriptive questions, about the number of families served or the proportion of staff who speak Spanish, for example. Tier Three evaluations pose descriptive questions, for instance about the theories that guided program development, and normative questions about the comparison of program operations to specific standards. Tier Four and Five evaluations pose cause-and-effect questions about outcomes for program beneficiaries.

Audiences and stakeholders. These are overlapping but distinct groups. Audiences include the commissioner of the evaluation and others who wish to use evaluation-generated information. Stakeholders subsume the audience, but include a broader array of interested parties. For example, school personnel may have a stake in a local family support program—after all, students' behavior and potential for achievement may be affected—but they may not be an immediate audience for the evaluation. Participating families are especially important stakeholders.

Often stakeholders have conflicting interests in an evaluation, and programs must credit certain interests above others. But soliciting input from a broad range of stakeholders has numerous benefits: it democratizes the process; it encourages participation in policy discussions; it builds capacity in evaluation, particularly among traditionally excluded groups; it helps institutionalize evaluation by generating a list of "next projects;" and it likely improves both the final design and the utility of the findings.

Resources and constraints. Before undertaking an evaluation, programs need to assess their evaluation capacity, particularly available resources. The most obvious resource—the funds required for the project—is only one to consider. How much technical expertise is required to collect and analyze data? What data are available and what must be collected? How much time you can devote to the project (and when must it be completed)? What kinds of administrative and political support exist? Insufficient resources are a constraint. A "good enough" evaluation must be: possible (in terms of available technical expertise and data); feasible (in terms of time and support); and affordable (adequately funded). We see possibility, feasibility, and affordability as the legs of a tripod that supports good evaluation. If any one is weak or missing, the evaluation will not hold up.

Putting the FTA into Practice

Programs often ask the Tufts Technical Assistance Project for help in planning an evaluation of outcomes required by their sponsors or funders. Usually the first activity that we suggest is to gather a group of stakeholders to clarify the program's goals and the intervention theory underlying its work. Until the desired program effects are identified and the pathways by which the program expects to produce them are clearly stated and agreed upon, an evaluation of outcomes is inappropriate. What effects do we intend to measure? Are these likely given the program being offered? If the program provides resource and referral support, or parenting education classes, does it make sense to evaluate its effect on children's reading scores? Just because funders are interested in that result does not mean that it should be the central focus of the evaluation.

Programs often need technical assistance to establish regular monitoring protocols before they can evaluate their effectiveness. This is because choosing a sample of program participants to study requires knowing a good deal about the entire population. In programs where families with different strengths and needs seek out a variety of types of support, being able to distinguish who needed and received what kind of support is an essential first step to understanding how the program did or did not help them.

We recommend that programs think through their evaluation needs, focusing initially on Tier Two and Tier Three activities oriented toward documenting, assessing, and improving program operations. Tier Two activities focus on the systematic collection of information to accurately and comprehensively describe program inputs (clients, services, staff, and costs). This includes developing monitoring information systems and regular protocols for sharing information with audiences and stakeholder groups. Most programs have systems that developed piecemeal over time. We recommend that they think comprehensively about their data collection capacity in light of program needs and the interests of stakeholders.

Tier Three activities involve the expanded description of program operations including program history, goals and objectives, intervention theories, and participants' values and experiences. Programs compare their operations "on the ground" with the standards of their models, sponsors, community, and participants. Participant satisfaction and community involvement are often important topics for program evaluation at Tier Three, as is the systematic investigation of "perceived effects."

We encourage programs to use the Five-Tiered Approach as a structure for discussing the purposes for which they might

gather information and for thinking about the ongoing incorporation of evaluation into their program operations. At the very least, programs should be able to describe program inputs, but we believe that it is possible for all programs to develop the capacity to undertake evaluation activities to answer a wide range of useful and important questions and ultimately to measure their effects on the children, families, and communities they serve.

Notes

Portions of this article have been adapted from "Chapter 3: How the Five-Tiered Approach to Evaluation Works" and "Chapter 4: The Building Block of Evaluation" in Jacobs, F. H., P. Hrusa Williams, J. Kapuscik, and E. Kates (forthcoming). *Evaluating Family Preservation Services: A Guide for State Administrators.*

Jacobs, F. (1988). The Five-Tiered Approach to Evaluation: Context and implementation. In H. Weiss and F. Jacobs, (eds.). *Evaluating Family Programs.* Hawthorne, NY: Aldine de Gruyter.

Patton, M.Q. (1997). *Utilization-Focused Evaluation: The New Century Text.* Thousand Oaks, Calif.: Sage Publications. 17.

Jennifer Kapuscik has a masters degree in Applied Child Development from Tufts University, and is Project Coordinator for the Tufts Technical Assistance Project. Francine Jacobs, Ed.D., is Associate Professor at Tufts University, with a joint appointment in the Eliot-Pearson Department of Child Development and the Urban and Environmental Policy Department. Her most recently initiated project is the evaluation of the Massachusetts Newborn Home Visiting Program. Both can be reached at: Department of Child Development, Tufts University, 105 College Ave., Medford, MA 02155, 617/628-3355 (phone), 617/627-3503 (fax).

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A new publication by
F. Jacobs, P. Hrusa Williams, J. Kapuscik, & E. Kates.

The Family Preservation Evaluation Project, with funding from the Edna McConnell Clark Foundation, has produced *Evaluating Family Preservation Services: A Guide for State Administrators*, designed for anyone who is involved with a program but is not an evaluator by training. The guide explains how to conduct feasible, affordable, and ongoing evaluations using the Five-Tiered Approach to program evaluation developed by Francine Jacobs, Ed.D. Chapters describe the components, of evaluations: Needs Assessment, Monitoring and Accountability, Quality Review and Program Clarification, and Achieving Outcomes. The authors draw examples from ongoing evaluations. They also discuss the history of evaluation, strengths and weaknesses of existing approaches, planning appropriate evaluations, data collection methods and MIS, choosing instruments to measure effects, and how to use findings.

The guide focuses on family preservation services, but the Five-Tiered Approach is well-suited to the evaluation of many programs for children and families. It will be available early in 1998 from the Family Preservation Evaluation Project c/o Eliot-Pearson Department of Child Development, Tufts University, 105 College Avenue, Medford, MA 02155.

Evaluation in a Family Support Center

Family Child Learning Center
143 Northwest Avenue, Bldg. A, Tallmadge, OH 44278
330/633-2055 (phone), 330/633-2658 (fax)
Gerald Mahoney, Director

The Family Child Learning Center conducts ongoing evaluations to ensure that they are reaching their organization's basic goals: to facilitate child development and develop relationships between parents and children. The center has a two-fold system of evaluation. One part is internal; they use a standardized test, the Vineland Social Maturity Test to examine children's behavior and measure their development. In the past, the program used the Bayley Scale of Mental Development, but found the Vineland evaluations were more family-friendly and could be easily integrated into other activities to support and strengthen families.

Direct feedback from participants is the second method of evaluation. The program receives written feedback from parents, who use standardized forms to indicate their level of satisfaction with different aspects of the program. Student assistants receive and sort these forms and pass them on to full-time family support providers. Staff also videotape parent-child interaction on-site at the center and then use the videotape to conduct play-based evaluation with families, which is time-consuming, but is made possible by the availability of the student assistants.

The center offers two tips for maximizing your program's evaluation power:

1. Write evaluation into your program's funding proposals. The Family Child Learning Center has had fewer funding challenges in this area than some programs because evaluation is considered an integral part of its work to support and strengthen families.

2. Use established, recommended, standardized methods of evaluation. Using standardized tests that are recommended by others in the family support field can be a good alternative to hiring outside evaluators. Make using these tools part of your work with families, so that families play a role in measuring their own progress toward their goals.

Residents Call for Evaluation that Serves the Community

St. Thomas/Irish Channel Consortium

In 1989, residents of the St. Thomas Housing Development in New Orleans challenged social services agencies, providers, and evaluators to become more accountable to the St. Thomas community.

Weary of being used statistically in evaluations to validate services to their community—often without their permission or consultation—residents took steps that resulted in the formation of the St. Thomas/Irish Channel Consortium. The collaboration requires that evaluations meet the needs of the community and that researchers be accountable to the community as well as funders, and it provides guidelines to make that happen.

Residents began by drafting a letter saying they would go directly to the agencies' funding sources if collaboration did not become a priority. Twelve agencies responded to the call for dialogue around "self-determination and self-sufficiency."

Key issues were that residents often were not aware that services were available or how to access them. Furthermore, they believed that social science research was often used to wield power within and over oppressed communities. Residents wanted a different relationship with neighborhood agencies—one that respected resident leadership and was accountable to the residents in philosophy and delivery of services.

Working together, the residents and the Consortium agencies drafted an accountability statement that detailed the Consortium's commitment to the principles of self-determination and liberation of the African American community and other poor and oppressed peoples. The Consortium developed a working definition of self-determination based on the seven principles of Kwanzaa: "Self-determination is the African American community's intent to name itself, to define itself, to speak for itself, and not to be named, defined, or spoken for by others."

Based on these principles, the Consortium agreed that no intermediaries, including local churches, non-profit groups, or other organizations, had the right to enter for work in the community based on outside determinants or "need" factors. People and organizations could enter and work in the community upon request, and only after consultation with organized, indigenous leadership.

The Consortium's decision to require agencies to collaborate with the residents was based on their belief that the community, when left alone, could solve its own problems, determine its own leadership, create its own vision, and choose its own allies. However, the Consortium also recognized that social science, when used responsibly, could be used to promote self-determination in their community.

"Self-determination is the African American community's intent to name itself, to define itself, to speak for itself, and not to be named, defined, or spoken for by others."

Evaluation Guidelines Promote Self-Determination

In an effort to strike a balance between the community goals of self-determination and the external evaluation requirements of funders, the academic requirements of research, and the value of "maximum feasible community participation," the Consortium developed guidelines for outside researchers and evaluators. The guidelines were set up to ensure that:

- Neither community characteristics nor attributes of residents are distorted or exploited
- Benefits to the St. Thomas/Irish Channel community are clearly articulated
- To the extent feasible, residents of the community participate in the research process

Today, all researchers and evaluators must agree to conduct their work in accordance with the Consortium's Principles of Accountability, which include undoing racism, inclusiveness of community residents, cultural sensitivity, collaboration, stewardship, capacity-building of community residents, and educating agency staff about the Consortium's principles and practices. Researchers must participate in a community orientation that includes a review of the history of St. Thomas' work pertaining to self-determination, a two and a half day workshop on Undoing Racism, submit a research/evaluation proposal to the Consortium and the St. Thomas Resident Council, and wait for approval from the community to conduct their study.

The new process of partnering with agencies and researchers has brought the community local and national recognition, as well as success in promoting resident leadership. The Consortium has created nationally recognized initiatives in teen pregnancy prevention and community education, developed resident economic and employment opportunities, begun a literacy and adult education program for residents, and devised resident initiatives on issues related to African American males and violence prevention. These initiatives serve as vehicles that lead toward the community's goal of self-determination.

For more information, contact Angela Winfrey, St. Thomas/Irish Channel Consortium, P.O. Box 56848, New Orleans, LA 70156-6848, 504/595-5062 (phone), 504/595-5064 (fax).

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DIRECTORY OF EVALUATORS

FRCA is developing a directory of evaluators that will be made available to FRCA members and constituents upon request. Once completed, copies will be sent to state lead agency personnel responsible for implementing the Community-Based Family Preservation Program as well as those implementing the Promoting Safe and Stable Families Program (formerly Family Preservation and Support Services) — two federally funded programs to create family resource centers in all 50 states. If you believe your organization should be listed in this directory, please contact FRCA, 312/338-0900.

Brandeis University
Center for Human Resources
Heller Graduate School
60 Turner Street
Waltham, MA 02154
Contact: Lisa LaCava, Research Associate
781/736-3789 (phone)
781/736-3773 (fax)
HN4328@handsnet.org (e-mail)
http://www.brandeis.edu/heller/chumanr.html
Conducts evaluations and practitioner-oriented research on youth development, education, and comprehensive school and community-wide school-to-career initiatives, including studies of education-based community service learning and civic participation initiatives; elementary, middle, and high school career programs; comprehensive dropout prevention initiatives; entrepreneurship programs; and school/community partnerships. Evaluations look not only at program impact but also at the implementation barriers and organizational development issues inherent in program improvement.

Center for Assessment and Policy Development
111 Presidential Boulevard, Suite 234
Bala Cynwyd, PA 19004
Contact: Wendy C. Wolf
610/664-4540 (phone)
610/664-6099 (fax)
A non-for-profit organization whose mission is to improve the self-sufficiency of disadvantaged children, adolescents, and families by providing strategic planning, program design, and evaluation. Believes that evaluation should guide program evolution as part of the normal program operations. Over time, sites need to develop the capacities for self-monitoring, assessment, and reflection. Evaluators work to strengthen the performance of the agency or program.

The Center for Evaluation Research
St. Anthony Main
219 SE Main Street, Suite 303
Minneapolis, MN 55414
800/353-3390 (phone)
612/623-3390 (fax)
ecs@mm.com (e-mail)
http://www.mm.com/car (website)
Specializes in multi-site, participatory evaluations for prevention programs. Has evaluated child abuse prevention programs for Children's Trust Funds (Minn. and Ohio) and Minn. Crisis Nurseries, and violence prevention programs for high-risk youth funded by the Minn. Dept. of Children, Families and Learning. Typically designs program-specific evaluation plans, develops appropriate instrumentation, and creates software for data collection and analysis. Has designed computerized survey systems and, in the private sector, employee attitude surveys, leadership assessment tools, and exit interviews. To come: computer software for designing, implementing, and analyzing attitude surveys.

Zoe Cardoza Clayson, Sc.D.
Center for Reproductive Health Policy Research
Institute for Health Policy Studies
University of California, San Francisco
388 Sutter Street, 11th Floor
San Francisco, CA 94109
415/476-9813 (phone)
415/476-0705 (fax)
Believes that evaluation is both an art and a science that requires working with practitioners, providers, and communities in a way that is respectful, interactive, logical, and creative. Works with all major stakeholders to select evaluation designs and measurement techniques that reflect the program's accomplishments. Has conducted evaluations in women's health, family support, economic development, and children's services. Has been involved in developing prototypes for evaluating community-based interventions that empower communities and improve the overall health and well-being of families.

M. Amos Clifford, M.A.
Facilitation, Planning, Evaluation
1018 E. Mineral King Avenue, Suite B
Visalia, CA 93292
209/635-8944 (phone)
209/635-1067 (fax)
M. Amos Clifford and associates use a "theories of change" model to help programs think through the best ways to deliver quality services and to identify which outcomes they can realistically hope to measure. They use the Griot Evaluation System, which includes a computerized database, forms, and a case management file system that have been developed and tested in partnership with ten family resource centers in California. This system allows instant access to information about the services the program is providing, to whom, and with what results.

The Human Services Research Institute
525 Glen Creek Road NW, Suite 230
Salem, OR 97304
Contact: John Agosta
503/362-5682 (phone)
Specializes in policy analysis, program evaluation, and research methods directed toward improving services and supports for vulnerable populations. One specialty involves family support in relation to the developmental disabilities and child welfare fields. The Institute provides training and technical assistance on family support and has evaluated large and small program in numerous states.

Innovative Consultants International (ICI), Inc.
145 North High St.
Suites 706-707
Columbus, OH 43203
614/469-1000 (phone)
614/469-5050 (fax)
A consulting firm specializing in survey research, conducting focus groups, program research and evaluation, healthcare prevention and treatment, organizational development, and the management of cultural diversity in the workplace. ICI conducted surveys and assessments of community attitudes, conducted statewide projects for the Ohio Commission on Spanish-Speaking Affairs, and has evaluated bilingual education programs and alternative educational approaches.

National Committee to Prevent Child Abuse
332 S. Michigan Avenue
Suite 1600
Chicago, IL 60604-4357
Contact: Deborah Daro, Director
312/663-3520 (phone)
http://www.childabuse.org/
Created in 1986 to address the need for a systematic effort to document the effectiveness of specific child abuse prevention programs. Has played a major role in both program evaluation and the development of programs and policies to prevent child maltreatment. As a general rule, conducts only large-scale, multi-site evaluations. However, specific publications of the Center on Child Abuse Prevention Research, or summaries of their various evaluation activities, might be useful to others.

National Research Center, Inc.
1503 Spruce Street, Suite 3
Boulder, CO 80302
Contact: Thomas I. Miller, Ph.D.
303/444-7863 (phone)
303/444-1145 (fax)
Works as a partner with human service agencies to develop comprehensive outcome assessment systems and outcome networks. The outcome assessment system involves reviewing program goals, developing an assessment plan and database, conducting the assessment, communicating the results, linking outcomes to program improvement, and revisiting the goals and priorities. Outcome networks involve developing a

uniform database of core measures for groups of human service agencies that have mission or measurements in common so that they can share normative information about outcomes and funding strategies using outcome data.

National Resource Center for Family Centered Practice
School of Social Work
University of Iowa
Iowa City, IA 52242
Contact: Miriam Landsman, Research Director
319/335-2200 (phone)
319/335-2204 (fax)
http://www.social.com/health/nhic/data/hr2400/hr2400.html
Conducts research and evaluations on family preservation and family support programs and provides information, technical assistance/training, and evaluation applicable to diverse family-centered service programs. Collaboratives with national, state, and community agencies to develop evaluation plans that address program and community concerns and key issues in the field. Evaluations range from comprehensive outcome and process evaluations to consultations and smaller-scale program evaluations. Evaluation plans are developed with consideration for logistical and resource constraints.

Orelena Hawks Puckett Institute
128 S. Sterling Street
PO Box 2277
Morgan, NC 28680
Contact: Carl Dunst and Carol Trivette
704/432-0065 (phone)
704/432-0068 (fax)
http://www.puckett.org/A not-for-profit organization whose goal is to foster adoption policies and practices that build on the capacities and strengths of children, parents, and families. Draws on a wealth of knowledge and experience to improve efforts directed at supporting and strengthening family functioning. Research and evaluation activities collectively emphasize the positive aspects of behavior functioning as the primary way of supporting and strengthening child, parent, and family development.

Evelyn A. Petersen
843 S. Long Lake Road
Traverse City, MI 49684
616/943-9257 (phone)
An early childhood consultant who has worked with about 500 early childhood programs in over 20 states. Half of this work has been on-site training and half evaluating either teachers or programs. As a representative of the National Child Development Association, Ms. Peterson has assessed day care homes, home-based programs, migrant programs, and centers serving infants and toddlers and 3-5 year olds. Evaluation methods include observation, interviews, discussions, parent questionnaires, and teacher portfolios. Emphasis is on building upon the strengths of the individual or the program and suggesting improvements.

Philliber Research Associates
28 Main Street
Accord, New York 12404
914/626-2126 (phone)
Fax: 914/626-3206
Provides evaluation and other services for programs concerned with teen pregnancy, drug abuse, homelessness, HIV and AIDS, mental health and counseling, family planning, early childhood, service learning, and school dropouts. Believes that evaluation must be unobtrusive so as not to disrupt services; an ongoing part of service delivery; as scientifically strong as possible; interactive to provide data for program management; and affordable.

Relda Robertson-Beckley
Nurses in Action
Heath Planning Implementation Research, Training and Evaluation
1611 Telegraph Avenue, Suite 305
Oakland, CA 94612
510/834-6817 (phone)
510/834-3701(fax)
Evaluation specialties in the areas of African American families, substance abuse, family support programs, outreach, and in-home support. Evaluations draw on several different methodologies: qualitative methods used include focus groups, interviews, and participant observation; quantitative methods include surveys, questionnaires, document analysis, and coding.

RMC Research Corporation
1000 Market Street
Portsmouth, NH 03801
800/258-0802 (phone)
http://www.nucres.com/
A technical consulting firm specializing in research evaluation, training, and technical assistance for federal, state, and local agencies, foundations, and other agencies. Experienced in the fields of education, families and communities, media, and arts and culture. Evaluations of comprehensive family support and literacy programs involve gathering quantitative and qualitative information from a variety of sources and perspectives. Values building relationships with clients and prefers to work collaboratively. Recommendations have uses beyond the immediate services rendered.

Tufts Technical Assistance Project
Francine Jacobs, Ed.D., Director
Jennifer Kapuscik, M.A., Project Coordinator
Department of Child Development
105 College Avenue
Medford, MA 02155
617/627-3986 (phone)
617/627-3503 (fax)
Provides technical assistance and consultation on evaluation planning, design, and implementation in the fields of child and family programs, education, and community development. Takes a developmental view of evaluation, matching an evaluation approach to the capacities and interests of individual programs. Staff and consultants may work as individuals or teams in a range of settings from small community-based programs to statewide and national initiatives. Affiliated with the Eliot-Pearson Environmental Policy at Tufts University.

University of Kentucky Institute on Education Reform
101 Taylor Education Building
Lexington, KY 40506-0001
Contact: Jane Clark Lindle, Interim Director
606/257-6734 (phone)
606/323-9799 (fax)
Focuses on research and policy development on educational initiatives. In collaboration with the College of Education and other academic units at the University of Kentucky, the Institute assembles teams of university researchers and specialists in various evaluation projects. Some projects are designed by the teams in coordination with clients; others are designed by interdisciplinary teams and then marketed to clients. Beyond specific consultation with clients on program evaluation, the Institute also provides publications on various research projects and education reform initiatives.

University of Pittsburgh Policy and Evaluation Project
Office of Child Development
121 University Place
Pittsburgh, PA 15260
412/624-5521
Creates evaluations of family-serving programs by forging partnerships between the University of Pittsburgh, which analyzes and designs evaluations, and programs themselves, which collect their own data.

Lynn Woodhouse, Ed.D.
Center for Community Health Research and Development
East Stroudsburg University
East Stroudsburg, PA 18301
717/422-3560 (phone)
717/422-3848 (fax)
Uses an empowerment model, designing evaluations in collaboration with all stakeholders. Utilizes both qualitative and quantitative methodologies to support the development and documentation of successful family and community support and development projects. Has directed and co-directed evaluations of family preservation projects; community-based parenting projects; development, implementation and institutionalization of school-based health centers; and coalition development projects.

RESOURCE FILE

This resource file is a starting point for finding additional information, publications, and assistance in the area of evaluation. It is not a comprehensive list. To be added to future lists, please contact FRCA at 20 N. Wacker Drive, Suite 1100, Chicago, IL 60606.

Publications

Beyond Collaboration to Results: Hard Choices in the Future of Services to Children and Families

By Sid Gardner, 1997

Includes suggestions for developing outcomes, options in governance, and other elements of systems reform and explains why accountability for results matters in collaboration and systems reform.

Arizona Prevention Resource Center
Arizona State University
641 E. Van Buren
Suite B2
Phoenix, AZ 85004
602/727-2772

Building and Evaluating Family Support Initiatives: A National Study of Programs for Persons with Developmental Disabilities

By Carl J. Dunst, Carol M. Trivette, A. Lauren Starnes, Deborah W. Hamby, & Nancy J. Gordon, 1993

Details the results of a national study of federal and local policies and practices for the families of persons with disabilities.

Describes key elements and goals of family support initiatives and the characteristics of family support programs and explores how the relationship between beliefs and practices affects the achievement of that goal; discusses factors that affect the success of a support program, probable outcomes of existing programs and initiatives, and criteria for judging the effectiveness of a family support program. Available from:

Paul H. Brookes Publishing Company
P.O. Box 10624
Baltimore, MD 21285-0624
800/638-3775
410/337-9580
Fax: 410/337-8539

Building Villages to Raise Our Children: A Six-Book Series

By Mona R. Hochberg; Julia Lieblich, consultant; J. Anne Pender; Katherine Wrean, editors; 1993

Harvard Family Research Project

Based on the proverb "It takes a village to raise a child," the six books in this series are designed to help local programs work together for the well-being of the families in their community. The overview volume, From Programs to Service Systems, makes the case for collaboration and tells how family support addresses that need. The other volumes—Collaboration, Funding and Resources, Evaluation, Community Outreach, and Staffing—give planners, practitioners, and advocates for families the building blocks to create a community approach to supporting families.

Available from:

Family Resource Coalition of America
20 N. Wacker Drive Suite 1100
Chicago, IL 60606
312/338-0900
Fax: 312/338-1522

The Case for Shifting to Results-Based Accountability with a Start-up List of Outcome Measures

By L. Schorr, F. Farrow, D. Hornbeck, and S. Watson, 1995

Discusses some of the issues in the shift to results-based accountability, and identifies a list of outcome measures with annotations on their use. Views results-based accountability as an essential part of a larger strategy to improve outcomes for children. Sets the stage for discussion of how these outcomes can be translated into a program agenda; how that program agenda can lead to a budget and financial plan; and how, over time, results-based accountability can be combined with both rewards and penalties, based on performance.

The Improved Outcomes for Children Project
Center for Social Policy
1250 Eye Street NW
Suite 503
Washington, D.C. 20005
202/371-1565
Fax: 202/371-1472

Empowerment Evaluation: Knowledge and Tools for Self-Assessment & Accountability

Edited by David M. Fetterman, Shakeh J. Kaftarian, & Abraham Wandersman, 1996

Sage Publications

Examines empowerment evaluation, a method for using evaluation concepts, techniques, and findings to foster improvement and self-determination. Focuses on the various contexts in which empowerment evaluation is conducted. Highlights the role empowerment evaluation has played in the U.S. Department of Health and Human Services' substance abuse prevention programs, provides down-to-earth tools and technical assistance needed to conduct empowerment evaluation.

Available from:

Family Resource Coalition of America
20 N. Wacker Drive Suite 1100
Chicago, IL 60606
312/338-0900
Fax: 312/338-1522

Evaluating Family Preservation Services: A Guide for State Administrators

By F. Jacobs, P. Hrusa Williams, J. Kapuscik, and E. Kates, forthcoming

Designed for people who are involved with the program but are not evaluators by training. Includes material on the history of evaluation; strengths and weaknesses of existing approaches; planning appropriate, feasible, and affordable evaluations; data collection methods and MIS; choosing instruments to measure effects; and utilization of findings. Describes the important components of evaluations that address the components of Jacob's Five-Tiered Approach to Program Evaluation: Needs Assessment, Monitoring and Accountability, Quality Review and Needs Assessment, and Achieving Outcomes. Contributors are nationally recognized experts. Examples are drawn from ongoing evaluation. Emphasizes feasible, affordable evaluation methods and ongoing, iterative evaluation that addresses program implementation, accountability, and outcomes. Available from:

Family Preservation Evaluation Project
c/o Eliot-Pearson Department of Child Development
Tufts University
105 College Avenue
Medford, MA 02155
617/627-3355
Fax: 617/627-3503

Evaluating Family Programs

Edited by Heather B. Weiss and Francine H. Jacobs, 1988

Describes family support and education programs, summarizes what is known about their effectiveness, and provides strategies and tools for program developers and evaluators. Presents a broad framework for evaluation that is applicable to both small community programs and to large research and demonstration programs. Reviews and

recommends measures for evaluation at multiple levels. Case studies describe implementation of innovative methods. Examines broad theoretical and policy issues: the utility of cost analyses, the promise of meta-analytic techniques for assessing family program effectiveness, issues of racial and cultural diversity in program design and evaluation, and the interaction of ecological approaches with other theories of human development. Available from:

Aldine de Gruyter
200 Saw Mill River Rd.
Hawthorne, NY 10532
914/747-0110
Fax: 914/747-1326

Evaluators Handbook

By Joan L. Herman, Lynn Lyons Morris, and Carol Taylor Fitz-Gibbon, 1987
Part of a nine-volume Program Evaluation Kit that identifies specific evaluation models and describes different approaches. Clarifies why evaluation is important and uses step-by-step guides for conducting formative and summary evaluations with worksheets for the user to complete.

University of California at Los Angeles Center for the Study of Evaluation
301 GSE and IS
Box 152206
Los Angeles, CA 90095-1522
310/206-
Fax: 310/825-3883
http://www.cse.ucla.edu

A Field Guide to Outcome-Based Program Evaluation

By Jane Reisman, PhD, with Richard Mockler, MPP
This document, designed with a focus on practical and useful instruction, covers designing and conducting evaluations, gives examples and explanations to help users design evaluations appropriate for their programs. The guide includes a list of publicly available survey and assessment tools in the prevention field.

The Evaluation Forum
1931 First Avenue
Suite 403
Seattle, WA 98101
206/269-0171
Fax: 206/728-8984

COMING THIS FALL How Are We Doing?

A comprehensive evaluation tool from FRCA. See story in this issue, page 22.

Focus on Client Outcomes: A Guidebook for Results-Oriented Human Services

Community Services Division of the Minnesota Department of Human Services, 1996
This report describes the differences between bureaucratic and results-oriented approaches to service management. It outlines the implications of the shift to a results orientation, provides a framework for client-focused outcomes, and provides a concise model of how government agencies can shift to results-based accountability.

Community Services Division of the Minnesota Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3839
612/296-2831

From Social Experiments to Reform Initiatives: Implications for Designing and Conducting Evaluations.

By Charles L. Usher
Presented at American Evaluation Association annual meeting in Vancouver, British Columbia, 1995
After explaining the differences between reform initiatives and programs of the "social experiment" genre, this paper illustrates the changing context of social program evaluation through the lens of Missouri's current family and children services reform initiative. Describes in depth how the evaluation framework is designed to build on existing reform initiatives, and advocates for a different alignment of roles for evaluators, program staff, consumers, and policymakers.

School of Social Work
University of North Carolina at Chapel Hill
301 Pittsboro Street
Chapel Hill, NC 27599-3550
919/962-6496
Fax: 919/962-1486

The Guide to Results-Based Accountability: Annotated Bibliography of Publications, Web Sites, and Other Resources

Harvard Family Research Project, 1997
Many of the resources listed in this resource file, and others, are annotated in the *The Guide To Results-Based Accountability.*

Harvard Family Research Project
Longfellow Hall, Appian Way
Cambridge, MA 02138
617/495-9108
Fax: 617/495-8594

Iowa Invests: A Human Investment Plan

Iowa Human Investment Policy Council, 1992
This report describes human services visions for Iowa and the ideas that guide human investment in Iowa, including advocating for regulatory and legislative decategorization and deregulation in order to allow for better investing and developing policy goals and benchmarks. This document provides the steps to consider prior to articulating specific goals and outcomes.

Iowa Department of Human Services
Division of Economic Assistance
Hoover State Office Building
Des Moines, IA 50319
515/281-6080
Fax: 515/281-4004

Keeping Score: Locally Directed Evaluation

Center for the Study of Social Policy, 1991
Recognizing the limitations to evaluations conducted by those external to an organization, this paper argues the advantages of evaluation directed by the community involved in the service delivery. The authors argue that locally-directed evaluations promote accountability, improve program management, increase the utility of the information provided and contribute to an ongoing learning process and in order to direct their own evaluations, local collaboratives must: be inclusive, use the information they obtain, be candid in their appraisals, and have substantive knowledge.:

Center for the Study of Social Policy
1250 Eye Street NW
Suite 503
Washington, D.C. 20005
202/371-1565
Fax: 202/371-1472

Making a Difference: Moving to Outcome-Based Accountability for Comprehensive Service Reforms

By Nancy Young, Sid Gardner, Soraya Coley, Lisbeth Schorr, and Charles Bruner, 1997
National Center for Service Integration
Available from:

Family Resource Coalition of America
20 N. Wacker Drive Suite 1100
Chicago, IL 60606
312/338-0900
Fax: 312/338-1522

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New Approaches to Evaluating Community Initiatives

Edited by J.P. Connell, A.C. Kubisch, L.B. Schorr, C.H. Weiss, 1995

Set of papers commissioned by the Steering Committee on Evaluation (of the Roundtable on Comprehensive Community Initiatives for Children and Families) that lays out key issues and challenges associated with evaluation of comprehensive community initiatives (CCIs). Covers the following with respect to evaluating CCIs: historical context, methodological problems, new methods, and recommendations for new roles for evaluators.

The Aspen Institute
Publications Office
P.O. Box 222
109 Houghton Lab Lane
Queenstown MD 21658
410/827-7168
Fax: 410/827-9174

Outcome Evaluation Resources Manual

By D. Ingram, L. Bloomberg, and P. Seppanen, 1996

Assists collaborative teams in conceptualizing and specifying outcome evaluation designs using a common evaluation framework, allowing site-specific and cross-site reporting of outcomes and is designed to be used in a one-day workshop. Includes a literature review, list of instruments for measuring outcomes, and index of resources on results-based accountability evaluations.

Center for Applied Research and Educational Improvement
265-2 Peik Hall
University of Minnesota
Minneapolis, MN 55455
612/625-0502

Outcome Funding: A New Approach to Targeted Grantmaking

By H.S. Williams, A.Y. Webb, and W.J. Phillips, 1991

Discusses the new focus on results and outcomes (versus inputs) in public- and private-sector grantmaking. Discusses the assumptions underlying the shift and the implications of this change for grant seekers; provides useful information on what grant makers are looking for. Highlights key concepts in outcome funding and provides tools for writing effective proposals in this new climate.

The Rensselaerville Institute
Rensselaerville, NY 12147
518/797-3783

The Program Manager's Guide to Evaluation: An Evaluation Handbook Series from the Administration on Children, Youth and Families

Developed by the KRA Corporation for the Administration on Children, Youth and Families, for The Administration on Children, Youth and Families (ACYF), 1997

Answers fundamental questions about evaluation, such as how to hire and manage an outside evaluator; what to include in an evaluation plan, and how to report findings. Explains how to use evaluation to improve programs and benefit staff and families; includes companion guides that address specific audiences such as child welfare program managers (*National Center on Child Abuse and Neglect Evaluation Handbook*) and Children's Bureau-funded programs (Children's Bureau Evaluation Handbook).

National Clearinghouse on Child Abuse and Neglect Information
P.O. Box 1182
Washington, D.C. 20013
703/385-7565
Fax: 703/385-3206

Putting Families First: An Experiment in Family Preservation

Edited by John Schuerman, Tina Rzepnicki, and Julia Littell, 1994

Considers the efficacy of family preservation programs in the context of Chapin Hall's large-scale evaluation of Illinois' Family First program. Offers a new approach to reforming the child welfare system, suggesting that family preservation services should constitute only one component in a comprehensive reform effort, which also should include improvements in the foster care system and in decision-making about cases. Calls for addressing the societal problems contributing to the crisis in child welfare, such as inadequate housing, substance abuse, and community violence.

Aldine de Gruyter
200 Saw Mill River Rd.
Hawthorne, NY 10532
914/747-0110
Fax: 914/747-1326

Self-Evaluation and Self-Governance for Communities and Families: Highlights

By G.M. Nelson, D.J. Vassar, and A.S. D'Aprix

Hands-on guide to assist communities and agencies in improving outcomes for children and families through self-evaluation and self-governance. Describes eight-step process to expose and overcome barriers to improved family outcomes. Includes techniques and tools to improve community collaboration, foster continuous learning, and increase community accountability and empowerment.

Family Forum
University of North Carolina at Chapel Hill
School of Social Work
CB #3550
301 Pittsboro Street
Chapel Hill, NC 27599-3550
919/962-0650

Way to Grow: Implementing an Outcome-Based Approach to Evaluating a Family Support Program

By the Child and Family Policy Center

Based on a "ready-to-learn" program funded by the Des Moines, Iowa, public school system; United Way of Central Iowa; and Des Moines Community Foundation that works with at-risk families through four community schools. Describes findings from exploratory research and a six-level approach to program evaluation: (1) service penetration, (2) family engagement, (3) family growth, (4) community embeddedness, (5) system response, and (6) community-wide family well-being. Offers recommendations for ensuring successful program continuation and expansion. Available from:

Child and Family Policy Center
Fleming Building, Suite 1021
218 Sixth Avenue
Des Moines, IA 50309-4006
515/280-9027
Fax: 515/244-8997

E-mail List Serve

Eval Talk

Administered by the American Evaluation Association, this active group shares an interest in the broad category of program evaluation. Send an e-mail with the following subject and text:

subscribe Eval Talk [insert your name]

to the following e-mail address:

listserv@ualvm.ua.edu

The Family Resource Coalition . . . of America!

Changing the Way America Works for Families

We're now known as the Family Resource Coalition *of America*! Because of your work, formal and informal networks are forming in communities, regions, and states across the country. The change in our name and logo clarifies our role in the family support movement: the Family Resource Coalition of America is the national meeting place and resource center for you and people like you who believe that families deserve support. Together, we're stronger!

The Family Resource Coalition of America (FRCA) works to bring about a completely new societal response to children, youth, and their families: one that strengthens and empowers families and communities so that they can foster the optimal development of children, youth, and adult family members one that solves problems by preventing them. We envision a society in which all of us families, communities, government, social service institutions, businesses work together to provide healthy, safe environments for children and families to live and work in.

We envision an America in which:

- All children, youth, and families can get the resources they need right in their own neighborhood to be strong and healthy. Classes and support groups, after-school programs, emergency assistance, counseling, or job training: whatever families need, they find it.
- All communities reinforce the efforts of families to raise responsible, productive, confident, joyous children. Neighbors watch out for each other across racial, ethnic, religious, and economic lines. Diversity is a cause for celebration, not discrimination.
- All institutions that serve children and families (including schools, human services, health and mental health providers, and private agencies) work together. They embrace family support principles and put those principles into practice.
- All levels of government make family and youth needs (including economic security, adequate housing, and the viability and safety of every community) a priority.
- All workplaces have family-friendly policies and practices.

The Family Resource Coalition of America is recognized as the national convener of all those who participate in the family support movement. Our job is to bring people together, to facilitate communication among proponents of the family support approach, to provide the most current family support information and resources, and to be the umbrella under which people and organizations come together to change the way America works for families.

FRCA members:

- Are a national network of people who share your values and your dreams
- Receive resources that help them do their work
- Get discounts on information-packed FRCA conferences and publications
- Help increase the capacity and visibility of family support programs

Whether you provide, plan, or fund direct services to families, you are a vital part of the family support movement. You are strengthening and supporting families. FRCA is your professional organization, one-stop resource shopping place, and "support group" rolled into one.

For more information on joining the Family Resource Coalition of America or to receive a catalog of our publications and services, contact us at 20 N. Wacker Drive, Suite 1100, Chicago, IL 60606, 312/338-0900 (phone), 312/338-1522 (fax).

FAMILY RESOURCE COALITION OF AMERICA

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